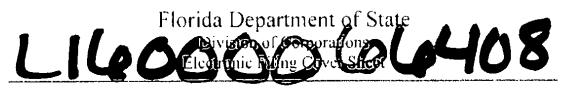
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Division of Corporations



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From:

Account Name : JAMES ACCOUNTING & TAX PRACTICE, INC.

Account Number : I20000000159 Phone : (305)595-2886 Fax Number : (305)595-2898

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Page: 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCCOY ATHLETICS LLC			
(Name of the Unsited Liab (A Flor	oility Company as it now appears on our records.) ids Lumied Lubihity Company)		
The Articles of Organization for this Limited Liability Florida document number 1.160000005108	Company were filed on 04/04/2016	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
ALL PHASE ATHLETICS LLC			
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the al	obreviation "L.l	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
			
Enter new mailing address, if applicable:	41-74-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:		e of the new	registere
New Registered Office Address:		2 Jl	
New Registered Villeg Address.	Enter Florida street address	~	
	, Florida	0,	声等
	City	Zip Gode	()
New Registered Agent's Signature, if changing Registe	ered Agent:	ن ب	
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered heing filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my duties, and I am l agent as provided for in Chapter 605, F.S. Or, ered office address, I herehy confirm that the li	familiar witt if this docu	h and ment is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
		——————————————————————————————————————	DAdd
			□Remove
			☐ Change
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			Change

From, Verna Ja

(If an e Note:	tive date, if other than the date of filing:
f the reco	and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the filed.
D-4	07/25/2022
Daice	Signature of a member or authorized representative of a member
	Segulative of a memoer of authorized representative of a memoer
	JOHN MCCOA,

Typed or printed name of signee