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## . COVER LETTER

TO: Registration S Division of Co					
	SPORTS & ENTERTAINMEN	T LLC			
SUBJECT:	Name of Lim	aited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Tuwana Dumond				
		Name of Person			
		Firm/Company			
	7401 NW 33rd St Unit 420	01			
		Address			
	Holllywood, FL 33024				
		City/State and Zip Code			
	admin@dalabtv.com				
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report nall:	iotification)		
Tuwana Dumond		305 794-6146			
Name	of Person	Area Code Day	time Telephone Number		
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre Registration	<del></del>	Street Address: Registration			
Division of Corporations		Division of C	Division of Corporations The Centre of Tallahassee		
P.O. Box 63 Tallahassee,			r rallanassee aroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number 1.20000242805	were filed on <u>08/11/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
DA LAB LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office uddress MUST BE A STREET ADDRESS)		1020 1741
		THE SE TH
		20 -2
Enter new mailing address, if applicable:		SSC 🔰 🔟
Muiling address MAY BE A POST OFFICE BOX)		
	<u></u>	7. O. I
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>en</u>	iter the name of the new reg
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street aa	ldress
		. Florida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wit provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address or some or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	DASAHEV CHARLEMAGNE	7401 NW 33RD ST UNIT 4201	□Add
		HOLLYWOOD, FL 33024	Remove
			□Change
AMBR	STONEHEART GROUP INC.	5965 STIRLING RD #224	■Add
		DAVIE, FL 33314	□Remove
			☐Change
			ZOZO SEP
			Remove SEE S DO Change
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fective date, if other than the date of filing:	(option	al)		
on effective date is listed, the date must be specific and cannot be prior to date of to the lift the date inserted in this block does not meet the applicable statu	filing or more than 90 days after fi	ling.) Pu late wil	rsuant to	605,020 Historia
cument's effective date on the Department of State's records.	tory ming requirements, this c	Jaic Wil	11101 00	. IIIICG
ecord specifies a delayed effective date, but not an effective time, at 12	:01 a.m. on the earlier of: (b)	The 90	th day	after th
is filed.				
AUGUST 25TH 2020				
ated AUGUST 25TH 2020				
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Signature of a member or authorized repr				

Filing Fee: \$25.00