L20000242505

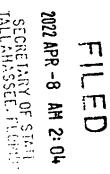
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
J. HORNE
APR 2 3 2022
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COVER LETTER

TO: Registration Se Division of Cor			
	.C, (L20000242805)		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dasahev Charlemagne		
		Name of Person	
		Firm/Company	
	10550 City Center Blvd, U	init 207	
		Address	
	Pembroke Pines, FL 33025	5	
		City/State and Zip Code	
	dalabtv@gmail.com		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti all:	ncation)
Tuwana Dumond		305 794-6146	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
¶\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ction
Division of C		Division of Cor	porations
P.O. Box 632	27	The Centre of T	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Da Lab LLC		2022 / SEC! TALL,
	(Company of the comp	<u> </u>
(A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	25 1 = ==
		313 60
The Articles of Organization for this Limited Liability C	Company were filed on August 11, 2020	ASSET Of anapassigned
Florida document number L20000242805		ت قر الله الله الله الله الله الله الله الل
This amendment is submitted to amend the following:		. · · · -
A. If amending name, enter the new name of the lim	ited liability company here:	
DA LAB SPORTS & ENTERTAINMENT, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Manning dauress SIATI DE ATTOST OF FICE BOAY		,-,·
B. If amending the registered agent and/or registere	d office address on our records, enter the	name of the new registered
agent and/or the new registered office address here:		
Ni CNI D' I A		
Name of New Registered Agent:		
New Registered Office Address:		
Neglinered Stride Frances.	Enter Florida street address	
	, Florid	
	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 with the 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 is 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 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
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
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			□Change
 			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

Page 2 of 3

-	quest was processed, the representative I spoke to said she would send a request
to the other company to change	their name. It's been almost 2 years since then and that other Da Lab LLC still
comes up and is active so they n	ever changed their name. This is causing issues for my business when it is being
researched and verified on Sunb	iz.org so I would like to revert back to the original name to stop this confusion.
I did not submit a payment since	el am requesting a reversal and because it's no fault of my own that the changes
required for my name change to	be valid did not occur. Please reach out to 305-794-6146 or
wana305@gmail.com for more	information if needed. I was emailing with someone back and forth about this but.
I cannot find her contact information	ation. Thank you.
	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 c does not meet the applicable statutory filing requirements, this date will not be listed as
,	
e record specifies a delayed e	Iffective date, but not an effective time, at $12:01\ a.m.$ on the earlier of d is filed.
·	

Page 3 of 3

Filing Fee: \$25.00