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Special Instructions to Filing Officer:	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) rtified Copies Certificates of Status	
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Office Use Only



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FEB 07 S. PRATHER



December 12, 2024

FUQUA & MILTON PA A. CLAY MILTON 4450 LAFAYETTE STREET MARIANNA, FL 32446

SUBJECT: MPACT SPORTS, LLC Ref. Number: L21000161545

We have received your document for MPACT SPORTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III



Letter Number: 824A00027039

COVER LETTER

TO: Registration Division of C	i Section Corporations		
OUD IDOT.	SPORTS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	A. Clay Milton		
		Name of Person	·
	Fuqua & Milton, PA		
		Firm/Company	
	4450 Lafayette Street		
		Address	
	Marianna, Florida 32446		
		City/State and Zip Code	
	emilton@fmc.legal	to be used for future annual report no	tification)
For further information	on concerning this matter, please c	-	,
A. Clay Milton		850 526-2263	
Nan	ne of Person	at () Area Code Dayti	me Telephone Number
	or the following amount:		
■ \$25.00 Filing Fee	c ☐ \$30.00 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 Add Registration		<u>Street Address:</u> Registration S	ection
	f Corporations	Division of Co	
P.O. Box 6		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2

MPACT SPORTS, LLC		
(Name of the Lin	ilted Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
	(11 Torica Silling Silloning Company)	<u> </u>
The Articles of Organization for this Limited	Liability Company were filed on Ap	ril 7, 2021 and assigned
Florida document number L21000161545		
With document name:		<u>ئ</u>
his amendment is submitted to amend the fo	llowing:	र्छ । 13
A. If amending name, enter the new name	of the limited liability company ho	<u>:re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE		
Trincipal Office address MOST BE A STRE	LI ADDRESS)	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent and/or	registered affice address on our r	ecards anter the name of the new regist
gent and/or the new registered office addr		cords, enter the name of the new regist
•		
Name of New Registered Agent:	A. Clay Milton	
New Registered Office Address:	4450 Lafayette Street	
1.50 Registered Office (Addiess).	Enter Flor	ida street address
	Marianna	, Florida 32446
	Cin	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
MGR	Sheila Mader	4845 Tall Pine Drive	\ \ \ \ \ \ \ \ \ \
		Marianna, Florida 32446	□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			Change
 			□Add
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			GCh

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				<u>. </u>
	October 25, 20)24		
ctive date, if other than the effective date is listed, the date mu	e date of filing: ist be specific and cannot be prior to o	(1)	optional) ; after filing.) Pursuant to	o 605.020
e: If the date inserted in this burnent's effective date on the I	lock does not meet the applicabl	e statutory filing requirements	s, this date will not be	listed a
and we receive date on the L	repairment of State 3 records.			
ord specifies a delayed effective	ve date, but not an effective time	e, at 12:01 a.m. on the earlier o	of: (b) The 90th day	after th
filed.				
Ootobor 25	2024			2025 JAH -
ed October 25	, 2024	•		1
11 .	1/1/-			1
	1 4/1		· _	
	Signature of a member or authoriz	ed representative of a member		Ξ.