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SECRETARY OF STATE DIVISION OF THE ARTISTS

Y. SCOTT OCT 2 1 2023

COVER LETTER

TO: Registration Secti Division of Corpo			: <u> </u>	Ì		ċ	*
SUBJECT: 2	LEGIT C	P VOLLEY	13 A L L	110.			
Nobalier,	LEGIT C Name of Lin	nited Liability Company	751172	<u> </u>	_		
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.					
Please return all correspond	ence concerning this matter	to the following:					
		Name of Person	<u>Ed</u>	Fors	<u>. </u>		
	991	Firm/Company O C O S T A Address	9 DEL	Soi	— L BL	2023分1-6	SECS SECS
	D o /	RAL FL City/State and Zip Code	33/7	8		T-6 PH 2:	TATE BY ANYLE
For further information con-		Seach (a) Y (to be used for future annual	A hoo il report notificat	COM ion)	_	25	Ser Series
Name of P	- ·	at (<u>863</u>)_ Area Code	257. 4 Daytime Te	<u>/ 2 / 3</u> lephone Num	lber		
Enclosed is a check for the	following amount:						
₩ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e		Certif Certif	Filing Fee icate of Sta ied Copy onal copy is e	itus &	}
Mailing Address: Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Regist Divisi The C	Address: ration Sectio on of Corpor entre of Talla N. Monroe Si	ations ahassee	2010		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLEGIT CP	VOLLEYBALL, LL	C
(Name of the Limited Liability Compar (A Florida Limited L.	ny as it now appears on our records. iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number 422000 399964	4	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
LEGIT NEXT LEVE. The new name must be distinguishable and contain the words "Limited Liabili	L VolleyBALL; A	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_9910 COST	A DEL SOL BLUL
(Principal office address MUST BE A STREET ADDRESS)		33/78
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office are agent and/or the new registered office address here:	ddress on our records, enter th	SECRET FILE STATE COMMERCED STATE OF THE NEW PRESISTENCY OF THE PRESIS
Name of New Registered Agent: \(\square\) \/ \(\beta\)		<u> </u>
New Registered Office Address:	Enter Florida street address	
·	, Flor	rida
	O.I.,	r.p 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:

AMBR = A	ranager Authorized Member		c o M E	
<u>Title</u>	<u>Name</u>	Address	SAME	Type of Action
				
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reffective date, if other than the date of filing: reffective date is listed, the date must be specific and cannot be prior to date of filing or more te: If the date inserted in this block does not meet the applicable statutory filing refunent's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.020 equirements, this date will not be listed as
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t s filed.	the earlier of: (b) The 90th day after the
ed <u>OCT. 2, 2023</u> .	
(): - Un 1 Call	
Signature of a member or authorized representative of a	a member