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COVER LETTER

TO:	Registration Section Division of Corpora			,	•	
SUBJE	ECT:OY	-KVM HC Name of Limi	X X L G	ACQ	demy UC	
The end	closed Articles of Ame	endment and fee(s) are subt	nitted for filing.			
Please	return all corresponder	nce concerning this matter	to the following	:	•	
	-	Bode	2 n Co	DYKUP erson	1 C/O: NAT SM	Hh
		Northwes-	+ ROO	1Stered	Agent UC	
	-	7901 4th S	Addres	ste 3	000	
	-	St. Peter	Shur C	Ip Code	33702	
	_	SUPPORT Address: (1	be used for futu	WIST YO	easterelagent.co)M
For fur	ther information conce	erning this matter, please ca	ıll:			
B	Name of Per)Y KUM	at (XII)	Ode SSI	me Telephone Number	
Enclos	ed is a check for the fo	ollowing amount:				
\$2	5.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	S55.00 Fi Certified (additional		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORKUM HO	ockey Academy UC
(Name of the Limited Liability Company (A Florida Limited Liab	
The Articles of Organization for this Limited Liability Company we Florida document number 12500151185	ere filed on March 28, 2005 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)	
-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	lress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document 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>	Name	Address	Type of Action
AMBR	Boden CorkuM	8269 NW 127th Ln	XAdd
		Balog NW 127thin Parkland, FL 33070	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
If the reco	rd 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 led.
Dated	April 22. 2025.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00