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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: FANATICO'S SPORT	
SUBJECT: FANTICOS STOCT Name of	f Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.
Please return all correspondence concerning this m	atter to the following:
ROSA 1	MARIA IFOUF
	MARIA LECUE Name of Person
FANATIC	O'S SPORT L.L.C Firm/Company
	Firm/Company
gay6 to	LICIELD AVE
<u> </u>	LLFIELD AVE Address
ORLAN	DO FL 3283Z- City/State and Zip Code
	•
publicida	d @ fanatices us A . com . ess: (to be used for future annual report notification)
r,-mail addr	ess: (to be used for future annual report notification)
For further information concerning this matter, plea	ise call:
POSA MARIA JECUE	100 332 12.26
Name of Person	at (407) 272 1336 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25,00 Filing Fee \$30,00 Filing Fee &	
Certificate of State	1S Certified Copy Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) Certified Copy
	(additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

FANATICO'S SP	ORT L.L.C		2022 JUN 17	AM 10: 54
FANATICO'S SP (Name of the Limited Liah (A Flor	pility Company as it no rida Limited Liability Co	w appears on our re ompany)	cords.)	
		•	- JALLAHAS	
The Articles of Organization for this Limited Liability	Company were file	d on <u>08 14</u>	2009.	and assigned
Porida document number <u>L0900076364</u>	<u>. </u>			
This amendment is submitted to amend the following:	:			
A. If amending name, <u>enter the new name of the li</u>	mited liability com	pany here:		
•				
The new name must be distinguishable and contain the words "I	imited Liability Compa	ny." the designation	"LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET AD	DRESS)			
			·	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here Name of New Registered Agent:	<u>e</u> :	on our records, <u>e</u> NARIA		the new register
New Decision of Office Address.				
New Registered Office Address:	Enter Florida street address			
			. Florida	
	City			Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	d complete perform l agent as provided ered office address	iance of my dutie For in Chapter (es, and I am fam 505, F.S. Or. if t	iliar with and his document is
			20	
	If Changing Regi	stered Agent, Signa	ture of New Registe	red 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>	<u>Address</u>	Type of Action
MGRM	MARIO CESAR PINA		
Decute of	=D		□Change
REGISTERE AGENT	MARIO CESAR PINA		
			XRemove
			☐ Change
			□Add
			□Remove
			☐ Change
		 	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effective Note: If the	date, if other than the date of filing:	5.0207 (i ted as th
he record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
Dated	JUNE 13 , 2022.	
	Signature of almember or authorized representative of a member	
	MARIO CESAR PINA Typed or printed name of signee	