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| Special Instructions to | Filing Officer: | |
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Office Use Only



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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|-------------------|
| SUBJECT: Legacy Basketball Training LLC Name of Limited Liability Company | ÷. |
| Name of Limited Liability Company | 10 SED IN PARTIES |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | O LA SECON |
| Please return all correspondence concerning this matter to the following: | 74 |
| Mario K Lovett Sr. Name of Person | ي م |
| Legaly Baskethall Training L.L.C. Firm/Company | |
| P. D BDX 263351 Address | |
| City/State and Zip Code | |
| Legacy basketsall training @ cmail. (om E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Marrio IL Lovett Sr. at (8/3) 484-5551 Name of Person Area Code & Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} | |

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Il Training L.L.C. bility Company as it now appears on our | records.) |
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| orida Limited Liability Company) | K. |
| lity Company were filed on | and assigned |
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| ng: | |
| e limited liability company here: | |
| 1.0 | |
| e words "Limited Liability Company," the d | esignation "LLC" or the abbreviation |
| e: | |
| DDRESS) | |
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| <u>x)</u> | |
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| | |
| registered office address on our reco | rds, enter the name of the new |
| address here: | |
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| | |
| Enter Florid | da street address |
| | FN 1 - |
| City | Florida Zip Code |
| | registered office address on our reconstant shere: Enter Florice. |

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

| <u>tle</u> | Name | <u>Address</u> | Type of Actio |
|-------------|--|---|---------------|
| | | | Add Remove |
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| If amen | ding any other information, enter char | nge(s) here: (Attach additional sheets, if necessary.) | _ |
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| _ | S. 1 1 | | |
| ted | September 7 . 21 | <u>010</u> . | |
| | 1 | over or authorized representative of a member overfore Sy ed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00