110000130287

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COVER LETTER

TO: .	Registration Se Division of Cor				
SUBJI	BROWN SI	PORTS AND ENTERTAINME	ENT LLC		
SUBJI		Name of Limit	ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please	return all correspo	ndence concerning this matter t	o the following:		
		Grant Brown			
			Name of Person	 _	
	BROWN SPORTS AND ENTERTAINMENT LLC				
Firm/Company					
712 MILL TRAIL CT					
			Address		
		PONTE VEDRA BEACH,	FL 32082		
			City/State and Zip Code		
		grantbrown39@gmail.com			
		E-mail address: (t	o be used for future annual report notif	ication)	
For fu	rther information c	oncerning this matter, please ca	ill:		
Grant	Brown		817 818-9375		
	Name o	d'Person	at () Area Code Daytime	: Telephone Number	
Enclos	sed is a check for th	ne following amount:			
■ \$3	5.00 Filing Fee	S30.00 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 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

(Name of the Limit)	and Enterduinnated Liability Company as it now appears (A Florida Limited Liability Company)	LLC on our records.)	
The Articles of Organization for this Limited Li Florida document number L10000130287		2/2010 and assign	ned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applic			
(Principal office address MUST BE A STREE	T ADDRESS)		200 500 500
			1800 1808 17 18 18 18 18 18 18 18
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/ registered agent and/or the new registered of		our records, <u>enter the name of</u>	the new
Name of New Registered Agent:			
New Registered Office Address:	712 MILL TRAIL CT		
	Enter Flori	da street address	
	PONTE VEDRA BEACH	Florida 32082	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = M \\ AMBR = M $	lanager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Add
			Remove
			☐ Change
			□ Add
			Remove
			☐ Change
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e: If the date inserted in this	ust be specific and cannot be prior block does not meet the applic	able statutory filing requir	90 days after filing.) Pursuan ements, this date will not	be listed
ument's effective date on the	Department of State's records	,		
record specifies a delay	ed effective date, but no	ot an effective time, a	it 12:01 a.m. on the	earlier
he 90th day after the re		,		
May 29 ed	2018			
ed		·		
				
	 Signature of a member or auth 	orized representative of a me	тоег	

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Filing Fee: \$25.00