LIZCCCCS477		
(Requestor's Name) (Address) (Address)	900379120879	
(City/State/Zip/Phone #)	02/28/2201019023 **25.00	
(Business Entity Name)		
Certified Copies Certificates of Status	SECRETION TALLAHA	
	28 AM 9: 35 HASSEE, FL	
Office Use Only		

of 3/1/2022

### COVER LETTER

#### TO: Registration Section Division of Corporations

Diadem Sports LLC

SUBJECT: \_

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel Evan Specht

Diadem Sports LLC

Firm/Company

Name of Person

200 Park Central Blvd S Ste 1

Address

Pompano Beach, FL 33064

City/State and Zip Code

evan.specht@diademsports.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

Certificate of Status

\$55.00 Filing Fee & Certified Copy (addisonal copy (sendored)) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy (senclosed))

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

# FILED

### 2022 FEB 28 AM 9:35

Diadem Sports LLC		CHARLE TATE
( <u>Name of the Limited Liability Co</u> ) (A Florida Limit	mpany as it now appears on our recolds ited liability Company)	LLAHASSEE, FL
he Articles of Organization for this Limited Liability Compa		
orida document number <u>L12000008477</u>		
is amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
e new name must be distinguishable and contain the words "Limited L	iability Company." the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS	2	
i da se d		
nter new mailing address, if applicable:		
<u> 1ailing address MAY BE A POST OFFICE BOX)</u>		
. If amending the registered agent and/or registered off	ice address on o <mark>ur rec</mark> ords, <u>enter th</u>	e name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
		ida Zip Code
	City	Lip Code

New Registered Agent's Signature, if changing Registered Agent:

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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 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

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.

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AMBR =	Authorized	Member
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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jeffrey Roschman	2511 Del Lago Drive	■Add
		Fort Lauderdale, FL 33301	CRemove
			□Change
		,	🗆 Add
		<u></u>	🗆 Remove
		· ·	🗆 Add
			🗌 Remove
			□Change
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		🗆 Remove	
			🖂 Change
			Change
<u> </u>			□ Add
			🗆 Remove
			Change

D. If amending any other information, enter change(s) here: (Attack additional sheets, if necessary.)

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·	
ive date, if other than the date of filing:	(optional)

If the record 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 record is filed.

Dated February 23rd	2022	
$\sqrt{-4}$		
1 - M	Signature of a member or authorized representative of a	member
Joel Evan	Specht	
	Typed or printed name of signee	

Filing Fee: \$25.00