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COVER LETTER

TO: Registration Section Division of Corporations

SPORTS TECHNOLOGIES, 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:

William R. Johnson

Name of Person

Firm/Company

2946 OLD ORCHARD ROAD

Address

Jacksonville, FL 32257

City/State and Zip Code

rick@sportsteehnologieslle.com

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

For further information concerning this matter, please call:

 Mark J. Young
 904
 996-8099

 at (_____)
 904
 996-8099

 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 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

SPORTS TECHNOLOGIES, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{06/07/2012}{1.12000075996}$ and assigned Florida document number $\frac{1.12000075996}{1.12000075996}$.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NEURAL SCIENCES INTERNATIONAL, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 address on our records, <u>enter the name=of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	<u></u>		 	
New Registered Office Address:		×.	÷.	
<u></u>	Enter Florida street address	- 	u.	

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.

If Changing Registered Agent, Signature of New Registered Agent

<u>_</u>___

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

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Title	Name	Address	Type of Action
			O Add
			Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing:

(optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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	7-25	2019.	
	lint	the	
		Signature of a member or authorized representative of a member	
	William R. Johnson		

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00