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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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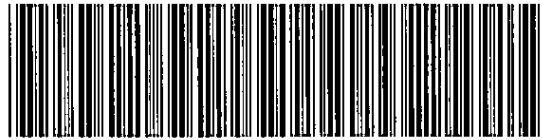
(Business Entity Name)

(Document Number)

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1. *Chlorophyll a* (Chl *a*)

TO:

SUBJECT:

The

Plea.

Jarek Thomas, TUE

Name of Person

ABI, Strategies Spendthrift Trust

Firm/Company

291 Jackson Loop

Address

Deland, H. 32724

City/State and Zip Code

~~admin@tallentarena.com~~

admin@ablstrategies.org

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

For t

Jarek Thomas

321

287-8868

at ()

Name of Person


Area Code

Daytime Telephone Number

Encl

☐ \$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 Address:

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**

Rise Sports Performance, 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 01/15/2013 and assigned
Florida document number 113000007780.

This amendment is submitted to amend the following:

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

ABL Strategies, LLC.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1800 Pembroke Drive

STE 300

Orlando, FL 32810

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1800 Pembroke Drive

STE 300

Orlando, FL 32810

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jarek Thomas

New Registered Office Address:

1800 Pembroke Drive STE 300

Enter Florida street address

Orlando

City

Florida 32810

Zip Code

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

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>	<u>Type of Action</u>
MGR	Jarek Thomas	291 Jackson Loop	<input type="checkbox"/> Add
		Deland, FL 32724	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ABL Strategies Spendthrift Trust	291 Jackson Loop	<input checked="" type="checkbox"/> Add
		Deland, FL 32725	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

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.

John TEE
Signature of a member or authorized representative of a member

Typed or printed name of signee