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SLOSETAND OF STATE

N. Cumpen APR 172000

COVER LETTER

TO: Registration Secti Division of Corpor			
SUBJECT: Novide	Nide Sports Group Name of Limite	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Patrick Daous	Name of Person	
		Name of Person	_
		Firm/Company	
	1065 LAKE F	Address	F
	APOPKA,	City/State and Zip Code	32712
	E-mail address: (to	be used for future annual rep	ort notification)
For further information con	cerning this matter, please ca	11:	
Patrick Daos Name of P	erson	at (<u>407</u>) <u>4</u> Area Code	Lub-0669 Daytime Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$\$\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	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**

FILED 2014 APR 16 PM 3: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Worklaide Sports Group, LLC (Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compar	y were filed on 10 17 2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liz	bility company here:
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "LLC." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1355 ERROL PARKWAY
(Principal office address MUST BE A STREET ADDRESS)	APOPKA FL 32712
Enter new mailing address, if applicable:	1355 GRADE PARKWAY APOPUA FE 32712
(Mailing address MAY BE A POST OFFICE BOX)	APOPUA, FL 32712
registered agent and/or the new registered office address h	-
Name of New Registered Agent: Patrice	c Daoust
New Registered Office Address: i 065	Enter Florida street address
APOP	KA , Florida 327(2 City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Bryan A. Van Der Riet		
		64109 Helmsley Cr. Windermed, FL 34786	Remove
Murm	Patnek Daoust	1065 LAKE FRANCES DR. ABSPUA, FO	
			□ Remove
			🗆 Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			□ Add
	,		□ Remove
	all to the second secon		
			□ Remove
************		***************************************	□ Add
			_ C Remove

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fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of rece date this document is filed by the Florida Department of Sta	(optional) ceipt or filed date and cannot be more than 90 days after (te)
ed APRIL 9	2014
icu,	
,	··································
Ben	
Signature of a member	or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2814 APR 16 PN 3: 10
SECNETATION OF STATE
AND AND ASSEE, FLORIDA