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COVER LETTER

Division of Corp			
SUBJECT: World	wide Sports Group Ac Name of Limi	codeny UC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Bryan Van Der	Riet	
		Name of Person	
		5 Grup Academy L	
		Firm/Company	,
	6909 Helmsley	Cr.	
		Address	
	Windermere, Pi	City/State and Zip Code	
		City/State and Zip Code	
	Bryanudre wsgo E-mail address: (1	acodemy.com to be used for future annual repo	ort notification)
For further information co	ncerning this matter, please ca		,
Bryan Van Der	Qi et Person	at (<u>407</u>) 4	ω3-8861
Name of	Person	Area Code D	Daytime Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	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

Wouldwide Sports Conup	According, CCC		_
(<u>Name of the Limited Liab</u> (A Flor	pility Company as it now appears on our records.) ida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number LIYOMO86680		and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and end with the words "	Limited Liability Company," the designation "LLC" or th	e abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD)	DRESS)		
	w. 64 (Mr		
.			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	-		
B. If amending the registered agent and/or regregistered agent and/or the new registered office agent and/or the new registered agent and/or the new registered agent and/or the new registered agent and/or the new registered agent agent and/or the new registered agent		er the nan	ne of the nev
The state of the s		2	
Name of New Registered Agent:	·		
New Registered Office Address:			TO SEARCE
	Enter Florida street address	~;·< `	O Francis
	, Florida	~	1 1
	City	Zip Co	idē ූ. යා
New Registered Agent's Signature, if changing Registe	red Agent:		Öi

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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Max $AMBR = Au$	anager uthorized Member	
<u>Title</u>	Name	Address Type of Action
AMBR	Kim Van Der Riet	ugua Helmslay Cr., Windermere, FL 34786 Add
		Remove
		□ Add
		Remove
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Page 3 of 3

Filing Fee: \$25.00

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