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(Re	questor's Name)	
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COVER LETTER

	legistration Sec Pivision of Corp					
olibadeye.	Travis Sport	s Management				
SUBJECI	P:	Name of Limi	ted Liability Company			
The enclos	sed Articles of A	Amendment and fee(s) are sub-	nitted for filing.			
Please retu	arn all correspor	ndence concerning this matter	to the following:			
		PAtr	Name of Person			
			Ermil Company			
		317 Mab	y St Lgit 423 Address		16	SFC
			FL 32304 City/State and Zip Code		16 JUN 30 AM	CTAR'
			City/State and Zip Code		<u>ن</u> بو	1013
For furthe	r information co	oncerning this matter, please ca	alf:		58	5 - -
	Name of	f Person	at () Area Code Daytime	Telephone Number		
Enclosed i	is a check for th	ne following amount:				
\$25.00	0 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 St Certified Copy (additional copy is e	atus &	
	MAILI	INC ADDRESS.	STDEET/COUDI	FD ADDDESS.		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Travis Sports Management		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 07-18-201	and assigned
Florida document number <u>U4000113614</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Travis Management Group LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	A PE
		S PR
		J. ARE
T-4		30 SSE
Enter new mailing address, if applicable:		3 77
(Mailing address MAY BE A POST OFFICE BOX)		ပဲ့ ြ
		<u>5</u>
B. If amending the registered agent and/or registered agent and/or the new registered office add	· •	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City	Zıp 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records:</u>

MGR = M $AMBR = A$	lanager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
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e: If the date inserted in	an the date of filing: atc must be specific and cann this block does not meet to the Department of State'	the applicable statuto	options or more than 90 days after ry filing requirements, this	onal) filing.) Pursuant to 605.03 date will not be listed
	·			
record specifies a de he 90th day after th	elayed effective date, le record is filed.	, but not an effec	tive time, at 12:01 a	.m. on the earlier
ed <u>6-30-16</u>	· · · · · · · · · · · · · · · · · · ·	·		
	Dated 7	` ~		
		per or authorized represe	1	

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Filing Fee: \$25.00