

11/5/2020

Division of Corporations

Florida Department of State  
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To:

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Fax Number : (850)617-6383

From:

Account Name : NORTON, HAMMERSLEY, LOPEZ &amp; SKOKOS, P.A.

Account Number : I20010000202

Phone : (941)954-4691

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Email Address: corporation@nhlslaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
A GAME SPORT PSYCHOLOGY CONSULTING LLC**

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ARTICLES OF AMENDMENT TO THE  
ARTICLES OF ORGANIZATION  
OF

A Game Sport Psychology Consulting, LLC

1. The Articles of Organization of A Game Sport Psychology Consulting, LLC, a Florida limited liability company, were filed with the Florida Department of State on 10/03/2014 with a document number of L14000154521.

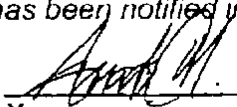
2. The current name of the limited liability company is A Game Sport Psychology Consulting, LLC. The new name of the limited liability will be A-Game Sport and Performance Consulting, LLC.

3. The current mailing address of the limited liability company is 4619 Whispering Leaves Dr. The new mailing address of the limited liability will be 4619 Whispering Leaves Dr.

4. The current principal office address of the limited liability company is 4619 Whispering Leaves Dr. The new principal office address of the limited liability will be 4619 Whispering Leaves Dr.

5. The current registered agent is Amanda Myhrberg and is located at 4619 Whispering Leaves Dr. The new registered agent is Amanda Myhrberg and is located at 4619 Whispering Leaves Dr.

*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.*

  
X

6. The current names and addresses of the managers and members of the organization are to be as follows:

TYPE OF ACTION  
ADD

TITLE  
AMBR

NAME/ADDRESS  
Amanda Myhrberg  
4619 Whispering Leaves Dr.  
Sarasota, FL 34243

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7. In all other respects, the Articles of Organization of the limited liability company are ratified and affirmed in all respects.

DATED: November 2<sup>nd</sup>, 2020.

  
\_\_\_\_\_  
Amanda Myhrberg, Member