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| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

Office Use Only

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COVER LETTER

Registration Section
Division of Corporations

| " Division of Cor | or ations | | |
|--|---|---------------------------------------|--|
| SUBJECT: | 4 Hit Sport | rs Maungen | ۸S |
| ************************************** | / Name of Limi | ited Liability Company 1 | |
| | | | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | | |
| | MARCO | Name of Person | |
| | _ | Name of Person | |
| | Big Hits | Sports Mi | magens |
| | | | |
| | 120 Tust | . Ave # | 1153 2. 92663 2MA.L. COM |
| | 1 | Address | |
| | Nedport | Bench, Co | 4. 92663 |
| | | City/State and Zip Code | |
| | MARCO, M. | Ancino (d) 9 | mal com |
| | E-mail address: (| to be used for future annualise | eport notification) |
| For further information co | oncerning this matter, please ca | | |
| Marco V | Marcino | at (3/0) | 736 - 4467 Dayting Telephone Number |
| Name of | Person | Area Code | Daytime Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy | ☐ \$60.00 Filing Fee, Certificate of Status & |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE. FLORIDA

This amendment is submitted to amend the following:

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

| The new name must be distinguishable and contain the words "Limited Liab | ility 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) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 120 Justin Ave 50.tc 1153 Newport Buch, CA 92663 |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | ffice address on our records, <u>enter the name of the ne</u> e: |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

adding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added smoved from our records:

.dGR = Manager .

| AMBR = A | Authorized Member | | | | |
|--------------|---------------------------------------|-------------|-------------------------------------|--------------|----------------|
| <u>Title</u> | <u>Name</u> | 4 | Address | | Type of Action |
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| ctive date, if other t | han the date of fili | 1 1 | O / / K | opti | ional) r filing) Pursuant to | 605.0 |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00