

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| | gistration Sec vision of Corp | | | | | | |
|--------------|----------------------------------|--|--|---|--------------|--------------------|---------------------------------------|
| OLD IT CT | | DESTER'S SPORTS CAMP, L | LC | | | | |
| SUBJECT | | Name of Lim | ited Liability Company | | | | |
| The enclose | ed Articles of a | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please retur | n all correspo | ndence concerning this matter | to the following: | | | | |
| | | Anthony Polster | | | | | |
| | | | Name of Person | | | | |
| | | COACH POLSTER'S SPO | ORTS CAMP, LLC | | | | Status & ' |
| | | | Firm/Company | | | | |
| | | 3629 Damall Place | | | | | |
| | | | Address | | | | g Fee. of Status & opy y is enclosed) |
| | | Jacksonville Fl 32217 | | | | | |
| | | | City/State and Zip C | lode | | 292 | |
| | | coachpolsterscamps@gmail | | | | | |
| For further | information co | E-mail address: (oncerning this matter, please c | to be used for future an all: | nual report notificatio | n) | | |
| Anthony P | olster | | 904 at (| 813-6254 | | · · | ب ت |
| | Name of | f Person | Area Code | Daytime Tele | phone Number | F 12. | : 54 |
| Enclosed is | s a check for th | ne following amount: | | | | | |
| □ \$25.00 | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Certified Cop (additional copy | у | Certified | e of Stati Copy | |
| | ailing Addres | | | et Address: | 1 | | |
| | egistration Solvision of C | Section Corporations | | gistration Section rision of Corpora | | | |
| P | .O. Box 632 | .7 | The | Centre of Tallal | hassee | | |
| T | allahassee, I | FL 32314 | 241 | 5 N. Monroe Str | eet, Suite 8 | 10 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| COACH POLSTER'S SPORTS CAMP, LLC | | |
|--|--|---------------------------------------|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) | |
| the Articles of Organization for this Limited Liability Company of | were filed on 05/11/2015 | and assigned |
| lorida document number L15000082863 | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited liabi | lity company here: | |
| he new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | <u> </u> |
| Principal office address MUST BE A STREET ADDRESS) | | · · · · · · · · · · · · · · · · · · · |
| | | |
| | | ا |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| | | <u> </u> |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: | ddress on our records, <u>enter tl</u> | he name of the new regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | ridaZip Code |
| | City | Zip 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|-----------------------|--------------------------|
| AMBR | Jessica Polster | 3629 Darnall Place | □ Add |
| | | Jacksonville Fl 32217 | ■Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | □Change |
| | | | |
| | | | □Rêmove □Rêmove □ Ĉhange |
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| | | | Remove |
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| | | | □ Change |

Page 2 of 3

| Frective date, if other than the date of filing: (optional) an effective date is listed, but date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026 date: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a neument's effective date on the Department of State's records. Be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the polyment of the properties of the properties of the properties of the properties of a member of a memb | | <u> </u> | |
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Filing Fee: \$25.00