L15000095312

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COVER LETTER

	ration Section n of Corporations
M/ SUBJECT:	AJOR LEAGUE SPORTS HEALTH, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Art	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	DAVID B PEARSON
	Name of Person
	MAJOR LEAGUE SPORTS HEALTH, LLC
	Firm/Company
	4548 PARKWOOD CT
	Address
	NICEVILLE, FL 32578
	City/State and Zip Code
	DAVEPEARSON.FLA@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further inforn	nation concerning this matter, please call:
DAVID B PEAR	SON 904 8387893
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	ck for the following amount:
■ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

MAJOR LEAGUE SPORTS HE			
(<u>Name of the Lin</u>	(A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Florida document number L15000095312	Liability Company	were filed on 06/01/2015	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and contain me	words Limited Liahi	ifity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	4548 PARKWOOD CT	
Principal office address MUST BE A STRE	ET ADDRESS)		
		NICEVILLE, FL 32578	<u> 20</u>
Enter new mailing address, if applicable:		4548 PARKWOOD CT	2019 AUG 14 A SILLEANASSI
(Mailing address MAY BE A POST OFFICE BOX)			AS A
		NICEVILLE, FI. 32578	
B. If amending the registered agent and registered agent and/or the new registered of			cords, enter the name of the
Name of New Registered Agent:	DAVID B PEARSON		
New Registered Office Address:	4548 PARKW	OOD CT	
		Enter Florida street d	uddress
	NICEVILLE		_, Florida <u>32578</u>
		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 herely confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

Title	<u>Name</u>	Address	Type of Action
MGR	DAVID B PEARSON	4548 PARKWOOD CT	· ·
			Remove
		NICEVILLE, FL 32578	
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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Datad	8/12
Dated	At the second of

Typed or printed name of signee