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COVER LETTER

то:	Registration Se Division of Cor			
SUBJI	ECT:	SPORTS LEGEND	GROUP, LLC. ited Liability Company	
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Name of Person	<u>-</u>
		STEVEN	Firm/Company	9
		Z SOUTH I	ONIJENSI'TY DRIVE Address	SUITE 329
		PLAN	TATION FL 33024 City/State and Zip Code	<u> </u>
		GOLVWY N. EOM		
For fur	ther information co	oncerning this matter, please co		neauon)
	NANC	y pipen	at (<u>954</u>) <u>458-9</u> Area Code Daytime	393
	Name of	Person	Area Code Daytime	c Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2.	5.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		NG ADDRESS:	STREET/COURL Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPONTS LEGENDS GROUP, LIC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 2015 and assigned Florida document number L 150000 9998Z .
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 Liability 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address Florida
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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
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AMBR	warren H. Greene	2 SOUTH UNIVERSITY DRIVE, #3	21 🗆 Add
		PLANTATION, FC 33324	Remove
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Filing Fee: \$25.00