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JUL 13 2017 J SHIVERS

COVER LETTER

TO: Registration : Division of C			
suвјęст:	Berg Sp Name of Lim	orts LLC ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	unitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		Avidan Edel	sbeg
		Erg Sports LLC Firm/Company	
		1. Bryshore Di	STE 119
	Miami	City/State and Zip Code Lan. Edolshey (to be used for future annual report notif	amail com
	E-mail address: (to be used for future annual report notif	ication Contract
For further information	concerning this matter, please or	all:	
Au Len Name	Edl Shart of Person	at (<u>617</u>) 9 9 9 Area Code Daytime	L 2 9 3 : Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional 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

BERG	Sports	, LLC	
• (Name of the Limited Lia (A Fle	ibility Company as it now appeared Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabilit Florida document number <u>i らのの104を</u> &.		6/24/201.	5 and assigned
This amendment is submitted to amend the following	<u>p</u>		
A. If amending name, enter the new name of the	limited liability company b	nere:	
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 AD	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	!		7 7
B. If amending the registered agent and/or registered agent and/or the new registered office a		в овг records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	Avidan	Edilsber	J.
New Registered Office Address:	Avidan 1756 N. Bar Enter Fle	y Shore D	« STE 119
		Florida _	
New Registered Agent's Signature, if changing Regist	ered 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
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Filing Fee: \$25.00