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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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BL VORISEK

NOV 19 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JOMO SPORTS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEA N GRAF, CPA

Name of Person

STERLING TAX & ACCOUNTING

Firm/Company

2906 BEE RIDGE ROAD

Address

SARASOTA, FL 34239

City/State and Zip Code

LEA@SRQTAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEA GRAF

941 777-4700
at ()

Name of Person

Area Code

Daytime 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
(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**

JOMO SPORTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

10 NOV -2 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

The Articles of Organization for this Limited Liability Company were filed on 12/29/2015

and by

Florida document number L15000213795

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:

5455 CRESTLAKE BLVD #5

(Principal office address MUST BE A STREET ADDRESS)

SARASOTA, FL 34233

Enter new mailing address, if applicable:

5455 CRESTLAKE BLVD #5

(Mailing address MAY BE A POST OFFICE BOX)

SARASOTA, FL 34233

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:

JOHN PURSE

New Registered Office Address:

5455 CRESTLAKE BLVD #5

Enter Florida street address

SARASOTA

City

Florida 34233

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOHN PURSE	5455 CRESTLAKE BLVD #5	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34233	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHAN H LINDSTROM	2518 S. BRINK AVE	<input type="checkbox"/> Add
		SARASOTA, FL 34239	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

JOHN PURSE
Typed or printed name of signee