## LICOLOC 78932

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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
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## **COVER LETTER**

TO:		istration Sectision of Corp			
		Sportan Ente	rtainment LLC		
SUBJE	,CT;		Name of Limi	ited Liability Company	
The enc	losed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please 1	return	all correspon	dence concerning this matter	to the following:	
			Thomas G Pye		
				Name of Person	
			Pye Law Firm		
Firm/Company					
			3909 W Newberry Road St	te C	
				Address	
			Gainesville, Florida 32607		
				City/State and Zip Code	
			tom@pyelaw.com		
			·	to be used for future annual repo	n nouncation)
For fur	ther in	nformation co	ncerning this matter, please ca	all:	
Tom P	ve			352 381.97	
		Name of	Person	Area Code D	aytime Telephone Number
Enclose	ed is a	check for the	e following amount:		
<b>■</b> \$25	5.00 F	iling Fee	S30.00 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)

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

Sportan Entertainment LLC		
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.16000078932}{1.16000078932}$ .	were filed on April 21, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		VISC 13.20
Enter new mailing address, if applicable:		PILED CRETARY OF ON OF CORPO
(Mailing address MAY BE A POST OFFICE BOX)		N SIZ
		<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florido	
<del></del>	, Florida	Zin 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	Ana Martinez-Lopez		
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effective date is listed, the date must be spe e: If the date inserted in this block do	citic and cannot be price	or to date of filing or m	ore than 90 days after	filing.) Pursuant to 60 date will not be li
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he 90th day after the record is	filed.			
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- Ju Cul	ire of a member or out	horized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00