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COVER LETTER

TO:

Registration Section Division of Corporations

P.O Box 6327

Tallahassee, FL 32314

Division of Corp	orations	•	
SUBJECT: <u>6~</u> 1	netime Trail	my and spor	ts Performance LL(
	Name of Limi	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Name of Person	
		Name of Person	
	5005 6		
		Firm/Company	
	5005 Collin	s #615	
		Address	
	Miami Be	City/State and Zip Code	
		City/State and Zip Code	
	iaxo	Nife @ gmail.com	
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	all:	
Surred	Axin	at (305) 432 Area Code Daytime	- 7865
Name of		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)
	NG ADDRESS:	STREET/COURIE	
	tion Section of Corporations	Registration Section Division of Corpora	

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gametime I Minity and	
(Name of the Limited Liability Company as i (A Florida Limited Liability	now appears on our records.)
(A Fronta Linital Labin)	company,
The Articles of Organization for this Limited Liability Company were Florida document number	filed on $S/10/20/6$ and assigned
116000285369	5/1/20167101
Florida document number	J/ F/ BOT FILED
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability o	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5005 Collins #615 Miami Beach FL 33141
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach FL 33141
real control of the second of	Same Same
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	5
B. If amending the registered agent and/or registered office a	
registered agent and/or the new registered office address here:	,
No. Oh. D. La La L	change
Name of New Registered Agent:	J
New Registered Office Address:	
	Enter Florida street address
	E21 * 1
	ity Zip Code
ŭ	

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 to 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, <u>enter the title, name, and address of each person_being a or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name No change	Address	Type of Action
			☐ Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Add
			Remove
			Change
			D Add
			Remove
			Change
			Add
		 	□ Remove
			Change

	
	
ne a	
Effective If an effective	date, if other than the date of filing: (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note: If t	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
document	's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Ith day after the record is filed.
THE 90	th day after the record is flied.
	May 27 2019
Dated	
	Signature of a member or authorized representative of a member
	//
	Sarred Axon
	Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00