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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 6 2000 Athletics, 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:
CILCXANONA MOVALLS Name of Person
GUNNAL ALMIE HICS, LLC Firm Company
4672 NW 114th Ave. #306
Doral, FL 33178
City/State and Zip Code ON ON LET US Q O MOUTE COM E-mail address: (to be used for future annual report polification)
For further information concerning this matter, please call:
Name of Person at (83) 360 2085 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\$\$S30.00 Filing Fee & Certificate of Status}\$\$\$Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$\$\$Certified Copy tadditional 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

(Name of the Limited Liability Compa (A Florida Limited I	This LLC
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 5/26/16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liable GON FILMES / BO The new name must be distinguishable and contain the words "Limited Liabile Enter new principal offices address, if applicable:	dy/Mind, Soul LLC
(Principal office address MUST BE A STREET ADDRESS)	na
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	na 7
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	, Florida

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 Type of Action <u>Address</u> Frevin Cornego 10764 NW 844 St. DAW Doral, FL 33178 ыл С<u></u> _____ 🗆 Remove _____ Change _□ Add ____ □ Remove □ Change □ Remove D Add _□ Remove

__ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets,	if necessary.)	
TRYIN WINLIO IS NO TURG		
Manager / Dar Fried 17/30113		
He neëds to be removed		
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E. Effective date, if other than the date of filing: 6 27 2017 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da. Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional) ys after filing.) Pursuant to 605.0 us, this date will not be listed	0207 (d as tl
If the record specifies a delayed effective date, but not an effective time, at 12 (b) The 90th day after the record is filed.	:01 a.m. on the earlie	r of:
Dated 6/27/2017		
Signature of a member or authorized representative of a member		
$A \cdot C \cdot C \land C \cdot C$		

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Filing Fee: \$25.00