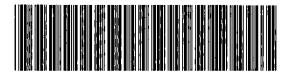
## L16000123128

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## COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

. . . . . . .

SUBJECT: M	OVA VOLLEYBAL	LLC						
	Name of Lim	ited Liability Company	<del>-</del>					
	• • • •	· -	•					
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	·					
Please return all corres	spondence concerning this matter	to the following:						
	ORLAND	Name of Person						
		Name of Person						
	Mova 1	JOLLEYBALL LLC						
		JTA CRUZ STREET						
		Addiess						
	SAINT AUGUS	STINE, FL 320	92					
		City/State and Zip Code						
	movajax	Ogmail. Com to be used for future annual report noti						
	E-mail address: (	to be used for future annual report noti	fication)					
For further information	n concerning this matter, please ca	all:						
MATT HE	FFNER	ar 904 460-	8849					
Nam	e of Person	at ( 904 ) 460 - 8849  Area Code Daytime Telephone Number						
Enclosed is a check fo	r the following amount:	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,					
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)					
MA	ILING ADDRESS:	STREET/COURI						
	stration Section	Registration Section						
	sion of Corporations	Division of Corpor	ations					
P.O.	Box 6327	Clifton Building	O. 1					

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L16000123128</u>	ere filed on 6/27/16	and assigned
This amendment is submitted to amend the following:	- •	
A. If amending name, enter the new name of the limited liabilit	y company here:	,
·		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
• • • • • • • • • • • • • • • • • • • •		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
·	<u> </u>	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the	name of the new
Name of Nov. Positored Access.		ra .
Name of New Registered Agent:		70
New Registered Office Address:	Enter Florida street address	
	Florida .	# N
·	City	ip 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

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action 1053 SANTA CRUZ STREET DAdd ORLANDO BERRIOS SAINT AUGUSTINE, FL 32092 PREMOVE Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Remove ☐ Change □ Add □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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