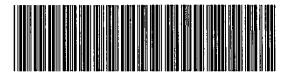
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(Re	questor's Name)	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	-			
SUBJECT: Onio Spor	ts Group, LLC Name of Lim	ited Liability Company	<u></u>	
		,		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Aaron Behar			
		Name of Person		
	Ohio Sports Group, LLC			
		Firm/Company		
	209 State Street E			70 3
		Address		ALC:
	Oldsmar, FL 34677			FILED IN 4:1
		City/State and Zip Code		簡 PE
	aaron@thesportsmall.com			THE ST F
For further information c	oncerning this matter, please ca	to be used for future annual report notificat	.1011)	REAL TO
Aaron Behar		727 452.866 at ()	55	
Name o	f Person		lephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ohio Sports C	Group, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears Liability Company)	on our records.	
The Articles of Organization for this Limited Liability Company	were filed on	July 1, 2016	and assigned
Florida document numberL16000125849			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			ू क
			C. C.
		7	温~
Enter new mailing address, if applicable:		·	A T. T.
(Mailing address MAY BE A POST OFFICE BOX)			型 2
			을 <u>도</u>
			A. O.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter</u>	the name of the nev
registered agent and/or the new registered office address ner	<u>L</u> .		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	da street address	
		, Florida	
	City		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>	Type of Action
MGR	Madigan CustomFraming and	5970 Wilcox Blvd, Suite H	Add
		Dublin, OH 43016	☐ Remove
			□ Change
			□ Remove
			Add
		-	TALLAH SECRET
			SSET OF SEA
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change

	g MGR from Madigan Cus	Training, LLC to		ining and incinorability		
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an effective da ote: If the da	e, if other than the date te is listed, the date must be sp ate inserted in this block do fective date on the Departn	ecific and cannot be prior ses not meet the applic	to date of filing or more able statutory filing re) Pursuan	
	pecifies a delayed effe day after the record is		t an effective tim	e, at 12:01 a.m. (on the	earlier
ated	July 25	, 2016	·			
	1	7 B	_			
	(orized representative of			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00