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# **COVER LETTER**

TO:

то:	Registration Section Division of Corporations					
SUBJEC	DI BASKE					
SUBJEC	Name of Limited Liability Company					
The encl	osed Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		MICHAEL T. WHITE				
			Name of Person			
	Firm/Company					
		16057 TAMPA PALMS BOULEVARD, W. #395				
		Address				
		TAMPA, FLORIDA 3364	7	1		
		miketoddwhite@gmail.com	City/State and Zip Code	· ;		
		<del></del> -	o be used for future annual report not	fication)		
For furth	ner information co	oncerning this matter, please ca	ill:			
Daniel I	). Whitaker, Esq.		813 250-0577	<del></del>		
	Name of	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed	I is a check for th	e following amount:				
<b>■</b> \$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/COUR Registration Section			

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## DI BASKETBALL TOURS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	07/20/2017		
The Articles of Organization for this Limited Liability Company	were filed on 0//29/2016	and ass	igned
Florida document number L16000142733			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
B.E.A.S.T. BASKETBALL DEVELOPMENT, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	16057 TAMPA PALMS BLVD. W. #	1395	
	TAMPA, FLORIDA 33647		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
	-	5.7	_
B. If amending the registered agent and/or registered of	ffice address on our records, ente	er the name	of the no
egistered agent and/or the new registered office address her		1	
Name of New Registered Agent:	•		•
			-,
New Registered Office Address:	Enter Florida street address		·
	. Florida	•	
	City	Zip Code	<del></del>

## 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
	NO CHANGE TO MGR, AMBR		
			☐ Remove
			Change
		-	Add
			□ Remove
			□ Change
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15	O ADDITIONAL CHANGES.
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reffe <u>te:</u> [	te date, if other than the date of filing:  (optional)  etive date is listed, the date must be specific and connot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
he (	90th day after the record is filed.
ed _	EPTEMBER 21 2017
	/ a crisi-

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Filing Fee: \$25.00