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THE ELTIE SUBJECT:	E SPORTS AGENCY LLC)	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
•	CODY PELLICER, ESQ		
		Name of Person	
	THE HACHAR LAW FIR	M, P.A.	
		Firm/Company	
	8100 OAK LANE, SUITE	401	
		Address	
	MIAMI LAKES, FLORID	A 33016	
		City/State and Zip Code	
	CPELLICER@MIALAWS		
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
CODY PELLICER, ESQ	1	305 200-1308 at (•
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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

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

THE ELITE SPORTS AGENCY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{11/08/2016}{1}$ and assigned Florida document number L16000205089 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FTA SPORTS AGENCY LLC The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter Ale registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
MGRM	CODY PELLICER	19080 NW 84 COURT	🗆 Add
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If an e	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after. If the date inserted in this block does not meet the applicable statutory filing requirements, the	ional) r filing.) Pursua is date will no	nt to 605 t be list	5.0207 (3 ed as th
docui	nent's effective date on the Department of State's records.			
	cord specifies a delayed effective date, but not an effective time, at 12:01 e 90th day after the record is filed.	a.m. on the	earli	er of:
Dated	02/08/2018			
	/ // <i>F I / A I</i> /			
	Signature of a member or authorized representative of a member			

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00