# 170000 23171

Office Use Only



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## **COVER LETTER**

Division of Co	orporations					
emptece.	WORLDWIDE SPORTING	GOODS LLC .				
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		LORENA CUMARE				
	Name of Person					
L&L ACCOUNTING SERVICES CORP						
Firm/Company						
	5987 NW 102ND AVE					
	Address					ના_
	DORAL, FL 33178					ILED
City/State and Zip Code					2019 FEB 27 PH 12: 15	
	lorena@landlaccountingservices.com  E-mail address: (to be used for future annual report notification)					
17. a firmth on in francation			ort notification)		٥,	
	concerning this matter, please o					
	CUMARE	786 499-9 at ()				
Name	of Person	Area Code	Daytime Telephone Number	:		
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	00 Filing Fee S S30.00 Filing Fee & S55.00 Filing Fee & S60.00 I Certificate of Status Certified Copy Certific					

### MAILING ADDRESS:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OWIDE SPORTIN					
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Li Florida document number 1.17000023171	and assigned					
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liab	oility company here:				
The new name must be distinguishable and contain the w	ords "Limited Liabi	ility 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)		100 ISLAND DRIVE				
		KEY BISCAYNE, FL 33149				
			70.5			
Enter new mailing address, if applicable:		100 ISLAND DRIVE	APPRI FIL 9FEB 2			
(Mailing address MAY BE A POST OFFICE BOX)		KEY BISCAYNE, FL 33149	SSE T EDOV			
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered o fice address her	ffice address on our records, <u>ente</u>	r the name of the nev			
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
		Enter Florida street address				
		, Florida _	Zip Code			
		Cuh	zip Coae			

#### 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

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			
MGR ALEXANDER E GALAN		351 WOODCREST RD KEY BISCAYNE, FL 33149	Add			
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e: If the date inserted in this	block does not	meet the appli-	r to date of find cable statutory	g or more man 90 y filing require:	o days after t ments, this	ning.) rurs date will i	not be li:	us.uz sted
ument's effective date on the	Department of	State's records	i.					
record specifies a delay			ot an effect	ive time, at	12:01 a.	m. on t	he ear	lier
he 90th day after the r	ecord is filed	•						
FANUARY 21		2019						
ed			<u> </u>					

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Typed or printed name of signee

Filing Fee: \$25.00