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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
	<u> </u>
(Document Number)	
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COVER LETTER

	gistration Se ision of Cor			
		N INVESTMENTS LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JOHN J. AGLIANO, ESQ	UIRE	
			Name of Person	
		BAJO COHEN AGLIANO	O.P.A.	
			Firm/Company	
		606 E. MADISON STREE	ET	
			Address	
		TAMPA, FLORIDA 3360	2	
			City/State and Zip Code	
		JAGLIANO@BCALAW.C		
			to be used for future annual repo	nt notification)
For further in	formation ec	oncerning this matter, please ca	all;	
JOHN J. AG	LIANO, ESC	OUIRE	813 868-61	71
-	Name of	Person	at () Area Code [Paytime Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CIMMERON INVESTMENTS LLC

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

he Articles of Organization for this Limited Liability Company	were filed on MARCH 3, 2017	and assigned
lorida document number 1.17000050258		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	ility company here:	
AM SPORTS VISION, LLC		
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:	·	
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office a	ddress on our records, enter the	name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
rem registered Office Address.		
registered Office Address.	Enter Florida street address	
rest registered Office Address.	Enter Florida street address . Florid	aZip Code

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			DAdd
			□Remove
			Change
			□Add
		□Remove	
		□ Change	
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
		DAdd	
		□Remove	
		ClChange	
	,		DAdd
			□Remove
			□Change

D. Hame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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HOLE.	re date, if other than the date of filing:
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the d.
Dated S	EPTEMBER 8 2022
	Signature of a member or authorized representative of a member
	JOHN J. AGLIANO, AS AUTHORIZED REPRESENTATIVE OF A MEMBER
	Typed or printed name of signee

Filing Fee: \$25.00