L17000074260

| (Re | questor's Name) | |
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| PICK-UP | WAIT | MAIL |
| (Ві | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer | |
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Office Use Only



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COVER LETTER

| , , | ion of Corporations | |
|----------------|---|---------------|
| SUBJECT: | STUDENT-ATHLETE EDUCATION OPERATING COMPANY LLC | |
| SUBJECT: | Name of Limited Liability Company | |
| The enclosed | Articles of Amendment and fee(s) are submitted for filing. | |
| Please return | all correspondence concerning this matter to the following: | |
| | Michael Gist | |
| | Name of Person | |
| | Student-Athlete Benefits | |
| | Firm/Company | |
| | 226 N Nova Road STE 349 | |
| | Address | |
| | Ormond Beach, FL 32174 | |
| | City/State and Zip Code | |
| | contact@studentathletebenefits.com | |
| For further in | E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call: | |
| Michael Gist | 386 868-6855 at(| 3 1 |
| | Name of Person Area Code Daytime Telephone Number | 7.10.25 |
| Enclosed is a | check for the following amount: | |
| ■ \$25.00 Fi | ing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) | Status & y |

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

STUDENT-ATHLETE EDUCATION OPERATING COMPANY 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 Compa | iny were filed on 04/03/2017 | and assigned |
|---|---|---|
| Florida document number <u>L17000074260</u> | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| Student-Athlete Activities and Athletics LLC | | |
| The new name must be distinguishable and contain the words "Limited Li | ability Company," the designation "LLC" or the a | bbreviation "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 registered agent and/or the new registered office address h | | the name of the new |
| | | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | |
| New Registered Office Address: | | 2 G |
| | Enter Florida street address | 1 12 0 |
| | . Florida | : ন্ |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | nt: | \$ 7 |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change. | ete performance of my duties, and Lam as provided for in Chapter 605, F.S. Or | familiar with and ;; if this document is |
| Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office. | Enter Florida street address City nt: egree to act in this capacity. I further agone performance of my duties, and I amons provided for in Chapter 605, F.S. Or | Zip Code gree to comply with the familiar with and if this document is |

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 = M $AMBR = A$ | lanager uthorized Member | | |
|--------------------|-----------------------------|-------------|---------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ective date, if other than th | e date of filing: ist be specific and cannot be prior to date of filing of | (optional) | |
| n effective date is listed, the date mi ste: If the date inserted in this b | ist be specific and cannot be prior to date of filing colors does not meet the applicable statutory f | or more than 90 days after filing.) Pursuant to illing requirements, this date will not be | า 605.02 : listed |
| cument's effective date on the l | | • | |
| | | | n. |
| | d effective date, but not an effectiv | e time, at 12:01 a.m. on the $\widehat{\mathbf{e}}$ | årlier |
| The 90th day after the re | cord is filed. | ζ. | .ـ. بسب : |
| I.m., 21 | 2017 | | r.a |
| June 21 ted | . 2017 | | دن |
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| | Signature of a member or authorized representa | | ; i2; 2 |

Page 3 of 3

Filing Fee: \$25.00