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SECRETARY OF STATE
FALLAHASSEF, FIREITA

JUN 2 8 2017 Y SULKER

COVER LETTER

	fration Section on of Corporations							
SUBJECT: _	Sommun	S perts Name o	Me of Limited	edicine, Liability Com	LL C	ν,	•	
The enclosed A	Articles of Amendmen	it and fee(s) are	e submitt	ted for filing.				
Please return al	II correspondence con	cerning this m	atter to t	he following:				
		Adham	Ras	Name of Pe	٠			
				Name of Pe	erson			
		<u>Som</u>	Num	Sports Firm/Comp	Meclèco	ine c	<u>. C </u>	
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For further info	ormation concerning t				•		,	
Adha	n Rashwan			at (<u>56</u> \)_ 3	09-8	666	
	Name of Person			Area C	ode	Daytime 1	Celephone Number	
Enclosed is a c	heck for the following	g amount:						
□ \$25.00 Fili		00 Filing Fee & tificate of Statu		S55.00 File Certified (additional of		ed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose	

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**

(Name of the Limited Liability Con (A Florida Limit	npany as it now appears o ed Liability Company)	on our records.)					
he Articles of Organization for this Limited Liability Compa	ny were filed on 612	12/2017	and assigned				
lorida document number <u>L176060 91537</u> .							
his amendment is submitted to amend the following:							
. If amending name, enter the new name of the limited li	ability company here	:					
he new name must be distinguishable and contain the words "Limited Li	ability Company," the desi	gnation "LLC" or th	e 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:			77 7				
<u> Aailing address MAY BE A POST OFFICE BOX)</u>			<u> </u>				
			SSET				
. If amending the registered agent and/or registered egistered agent and/or the new registered office address h		our records, <u>ent</u>	ter the STALL				
·			A(: 4.9				
Name of New Registered Agent:			<u> </u>				
New Registered Office Address:							
	Enter Florida street address						
		, Florida					
	City		Zip 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 beermotified 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 **Title Type of Action** Name Address MGR Hossan Roshwan 10298 Hunt Club Lane Add Palm Bach Gardens FL 33418 Quemove _□ Change MER Islam Rashuan 10298 Hunt Club Lane Add Palm Beach Gordens FL 33418 DREMOVE _□ Change □ Add ☐ Change □ Add _□ Change _ Add ☐ Remove □ Change

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