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D. SCOTT AUG 7 2017

COVER LETTER

Division of Co			
	IGHTING SPORTS, LLC		
SUBJECT:	Name of Linn	ed Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subr	nitted for filing.	
	ondence concerning this matter t		TALL SES
rease return arreorresp	ondence concerning viii. matter	<i>y</i>	
	JAMES DIXON		
	- , ,	Name of Person	
	WHITE LIGHTNING SPO	DRTS, LLC	
		Firm/Company	
	855 E. S.R. 434		
		Address	· · · · · · · · · · · · · · · · · · ·
	WINTER SPRINGS, FL	32708	
		City/State and Zip Code	
	Christian address: (1	spredeyesportstav	lern · com
For further information	concerning this matter, please ca		
Cheis Pour	20	ar(941_)766=	4293
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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)
	LING ADDRESS: stration Section	STŘEET/COURII Registration Section	

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

Registration Section
Division of Corporations
Clifton Building
266'l Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L.)	ny as it now appears on our record	<u>s.</u>)
The Articles of Organization for this Limited Liability Company		and assigned
	were med on	
lorida document number L17000101439		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
WHITE LIGHTNING SPORTS, LLC		<u> </u>
he new name must be distinguishable and contain the words "Limited Liabil	ity 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)		in g
rmepur office universe.		35
		1112 N III
26 11 16		
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address here 	fice address on our records	s. enter the name of the
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street addres	cs.
	. FI	orida
	City	Zıp Code

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

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 $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			□ Remove
			□ Change
			Remove
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Effective date, if other than (If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the second seco	ris block does not meet th	ie applicable stati	filing or more than 90 story filing requiren	(optional) days after filing nents, this date	.) Pursuant to 605 will not be liste	5.0207 (ed as t
he record specifies a del The 90th day after the	ayed effective date, record is filed.	but not an ef	fective time, at	12:01 a.m.	on the earli	er of:
Dated JULY 31	20	17				
	A	-				
	Signature of a member	er or authorized rep	resentative of a memb	per		

Page 3 of 3

Filing Fee: \$25.00