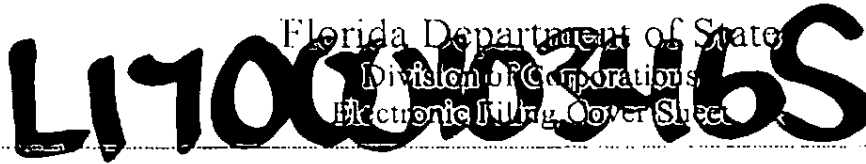


9/7/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((((117000240356 3)))



H170002403563ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
Account Number : 120160000067  
Phone : (407)370-3686  
Fax Number : (407)370-3120

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: PRIVATE@LARSONACL.COM

2017 SEP 14 AM 10:46

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EDGE SPORTS INTL LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

FILED  
17 SEP 14 AM 10:46  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D. SCOTT  
SEP 15 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EDGE SPORTS INTL LLC  
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:

CAROLINE LARSON

Name of Person

LARSON ACCOUNTING & CONSULTING SERVICES LLC

Firm/Company

7901 KINGSPONTE PARKWAY STE 17

Address

ORLANDO, FL 32819

City/State and Zip Code

PRIVATE@LARSONACC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINE LARSON

at (407)

370 3686

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)

**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

FILED  
SEP 14 PM 10:15  
TALLAHASSEE, FL  
CLERK OF COURT

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

EDGE SPORTS INTL 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 Company were filed on 05/09/2017 and assigned  
Florida document number LI7000103465.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

13100 HEATHER MOSS DRIVE

APT 817

ORLANDO, FL 32837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13100 HEATHER MOSS DRIVE

APT 817

ORLANDO, FL 32837

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

LARSON ACCOUNTING & CONSULTING SERVICES LLC

New Registered Office Address:

7901 KINGSPONTE PARKWAY, SUITE 17

*Enter Florida street address*

ORLANDO

*City*

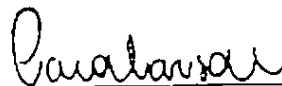
Florida

32819

*Zip 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.*

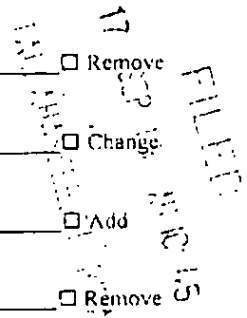


If Changing Registered Agent, Signature of New Registered Agent

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 = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u>     | <u>Type of Action</u>                      |
|--------------|-------------|--------------------|--|
| AMBR         | ALBERT BLUM | 905 TRADEWINDS BND | <input type="checkbox"/> Add               |
|              |             | WESTON, FL 33327   | <input checked="" type="checkbox"/> Remove |
|              |             |                    | <input type="checkbox"/> Change            |
|              |             |                    | <input type="checkbox"/> Add               |
|              |             |                    | <input type="checkbox"/> Remove            |
|              |             |                    | <input type="checkbox"/> Change            |
|              |             |                    | <input type="checkbox"/> Add               |
|              |             |                    | <input type="checkbox"/> Remove            |
|              |             |                    | <input type="checkbox"/> Change            |
|              |             |                    | <input type="checkbox"/> Add               |
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|              |             |                    | <input type="checkbox"/> Change            |
|              |             |                    | <input type="checkbox"/> Add               |
|              |             |                    | <input type="checkbox"/> Remove            |
|              |             |                    | <input type="checkbox"/> Change            |



D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

AMBR

Typed or printed name of signee

FILED  
SEP 14 1965  
FBI - MEMPHIS



September 13, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EDGE SPORTS INTL LLC  
905 TRADEWINDS BND  
WESTON, FL 33027US

SUBJECT: EDGE SPORTS INTL LLC  
REF: L17000103465

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

FAX Aud. #: H17000240356  
Letter Number: 117A00018593

2017 SEP 14 AM 10:46  
TALLAHASSEE, FLORIDA

FILED  
SEP 14 2017  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314