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FILE I

D. SCOTT DEC 1 8 2018

COVER LETTER

Division of Cor	porations			
SUBJECT:	Sportiskilly	leas II.C.		
Sobsect.	Sportskilly U10 Name of Lim	nited Liability Company	7.0	
				,
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	1815 Vec 1	
Please return all correspo	ondence concerning this matter	to the following:	~7	o.
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	Jaff	11113		.;
		Li N D Name of Person	·	
	Spar	rts skills videos LLC Firm/Company		
		Firm/Company		
	701	Murket St Junke 111	H 5024	
		Address		
	(
		City/State and Zip Code	1 095	
	E-mail address: (Flind 31. P. Amail Com to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please co	all:	Telephone Number	77
+				1
Name o	Person	at (934) 891 Area Code Daytime	Telephone Number . "	ا ا
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Enclosed is a check for the	he following amount:		~ , ~	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee, Certificate of Status &	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certified Copy	
			(additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

Sports skill	suideos LCC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	,	
Enter new mailing address, if applicable:	n/A	
(Mailing address MAY BE A POST OFFICE BOX)		7. 12:
		(i)
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		enter the name of the new
registered agent and/or the new registered office address ne	<u> </u>	> 5
Name of New Registered Agent:	1/1	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City	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 = M $AMBR = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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		N/A-	Change
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ctive date, if other than the date of filing effective date is listed, the date must be specific and earlier. If the date inserted in this block does not moment's effective date on the Department of St	cannot be prior to eet the applical	o date of filir	g or more than 90 da	ys after filing	.) Pursua	nt to 605 t be liste
ecord specifies a delayed effective da se 90th day after the record is filed.	ate, but not	an effect	tive time, at 12	::01 a.m.	on the	e earlie
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Signatur Afa m	^ 1	1				

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Filing Fee: \$25.00