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| (Re | equestor's Name) | |
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| (Ad | idress) | |
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| PICK-UP | MAIT | MAIL |
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| (Dc | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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07/13/17--01022--004 **25.00



D. SCOTT JUL 1 4 2017

COVER LETTER

| | Registration Sec Division of Corp | | | | |
|----------------|--------------------------------------|--|---|--|------------|
| SUBJEC | т:Во | Wer Athletic | ted Liability Company | | |
| The encl | osed Articles of / | Amendment and fee(s) are sub | mitted for filing. | | |
| Please re | turn all correspor | ndence concerning this matter | to the following: | | |
| | | Timothy | Bower Name of Person | | |
| | | Bouer | Athletics UC Firm/Company | | |
| | | | Magnolia 6 len | | |
| | | Orlando, | FL 32828 | | |
| | | 160werma E-mail address: (| City/State and Zip Code a) gmail. Com to be used for future annual report noti | fication) | |
| For furth | ner information co | oncerning this matter, please co | | | |
| 7 | inothy | Bower | at (_651 __) 983 - Area Code Daytim | 1528 | |
| | Name of | Terson | Area Code Daytim | e Telephone Number | |
| Enclosee | I is a check for th | e following amount: | | . | |
| d \$25. | 00 Filing Fee | ☐ \$30,00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copyel (additional copy is enclosed) | . * |
| | Registra Divisio P.O. Bo | NG ADDRESS: ation Section n of Corporations ix 6327 ssee, FL 32314 | STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co | en Sations Satisfactions | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Bower Athletics | LLC |
|---|--|
| (Name of the Limited Liability Company (A Florida Limited Lia | y as it now appears on our records.) ability Company) |
| The Articles of Organization for this Limited Liability Company w | vere filed on 652017 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabil | ity company here: |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company," the designation "L.L.C" or 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: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: | |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | . Florida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | |
| Thereby accept the appointment as registered agent and agree | e to act in this capacity. I further agree to comply with the |

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

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and $\tilde{\phi}$

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 = Au | thorized Member | | |
|--------------|-----------------------|--|---|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | Timothy Bowler | 13812 Magnolia Blen Circl | e of Add |
| | | Orlando, FL 32828 | □ Remove |
| | | | Change |
| MBR | Jose Rodriguez Roldan | D-1 Plaza 4 Quinta del | |
| | | D-1 Plaza 4 Quinta del Rio Bayamon, Pe 00961 | Remove |
| | | | Change |
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| Fective date, if other than the date of filing: (optional) In effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to date: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ecument's effective date on the Department of State's records. Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest of the specifies of the sp | |
|--|------------------------|
| Fective date, if other than the date of filing: (optional) (opti | |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earline 90th day after the record is filed. | |
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| Tin Bourn | , |
| Tin Bourn | |
| Tin Bourn | = n |
| | |
| Signature of a memoer or authorized representative of a member | FIL. 13 |
| Timothy Bower Typed or printed name of signee | FIL 13 PH 2: 07 |

Page 3 of 3

Filing Fee: \$25.00