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COVER LETTER

ΓΟ:	Registration Se Division of Cor				
		Agile Basi	ketball Solutions, LLC		
SUBJE	ECT:	Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filling.		
Please	return all correspo	ndence concerning this matter	to the following:		
			Sonia Becerra		
			Name of Person		
			Swyft Filings, LLC		
		 	Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		12	605 East Freeway, Suite 509		
		 	Address		
			Houston, Texas 77015		
			City/State and Zip Code		
			filings@swyftfilings.com to be used for future annual report notifie	cation)	
For tur	ther information c	oncerning this matter, please ca	-		:
	Sonia B		at (877) 777-045		· .
	Name o	f Person	Area Code Daytime	l'elephone Number	· · · · · ·
Enclos	ed is a check for th	ne following amount:			π •)
X \$2:	5.00 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 Sta Certified Copy (additional copy is er	itus &

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

Agile Basketball Solutions, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
he Articles of Organization for this Limited Liability Company were filed on	and assign	e d
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability company here:		
Agile Sports Analytics, LLC		
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C.	
inter new principal offices address, if applicable:	<u>. </u>	
Principal office address MUST BE A STREET ADDRESS)		
Anter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here:	the name of	the
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter	the name of	 the
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter	the name of	the
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	the name of	the
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here:	the name of	the
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	the name of	
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized Member	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			C Add
			☐ Remove
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an effective of the	te, if other than the date is listed, the date in date in this effective date on the	nust he specific a block does not	nd cannot be prior meet the applic	to date of filing able statutory	gor more than 9	(optional) 0 days after filing.; ments, this date	Pursuant to 605.020 will not be listed a
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	specifies a delay day after the re			t an effecti	ive time, at	12:01 a.m.	ohithe earlier (
ated	October	03	2017	·			
			\leq	1>	_		
_		Signature of	a member or author	ori ed represen	tative of a mem	ber	
			Sonia	Becerra	- Author	ized Represe	ntative

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Filing Fee: \$25.00