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S. WARREN 0CT 2 7 2017

COVER LETTER

	tegistration Sec Division of Corp					
eup wee	Integrated Sp	ports Management LLC				
SUBJECT	r:	Name of Limi	ted Liability Company			
The enclos	sed Articles of A	amendment and fee(s) are sub-	nitted for filing.			
Please rett	ırn all correspon	dence concerning this matter t	to the following:			
		Robert Engler				
			Name of Person			
		Integrated Sports Managen	nent LLC			
			Firm/Company			
		7805 NW Beacon Square E	Blvd-Ste 203			
		Address				
		Boca Raton, FL 33487				
		City/State and Zip Code				
		Renglercpa@aol.com				
		E-mail address: (t	o be used for future annual report notific	ation)		
For furthe	r information co	ncerning this matter, please ca	dl:			
Robert Er	ngler		at ()	elephone Number		
-	Name of	Person	Area Code Daytime T	elephone Number		
Enclosed i	is a check for the	e following amount:				
■ \$25.00	O 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

bility Company as it now appears on our re rida Limited Liability Company)	ecords.)
y Company were filed on October 16,	2017 and assigned
 ·	
;	
imited liability company here:	
Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
	<u> </u>
	
	<u> </u>
<u>adress here</u> :	
Enter Florida street a	nddress
	File of the
City	_, Florida Zip Code
ered Agent:	
ent and agree to act in this capacity, d complete performance of my dutied agent as provided for in Chapter (tered office address, I hereby confir.ge. If Changing Registered Agent, Signa	es, and I am familiar with and 505, F.S. Or, if this document is m that the limited liability
	gistered office address on our reddress here: Enter Florida street a City ered Agent: Int and agree to act in this capacity. I complete performance of my dutied agent as provided for in Chapter of ered office address. I hereby confired ered office address.

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>	Address	Type of Action
MGR	Daniel Weinstein	29 Woodland Drive, Rye Brook, NY /0573	🖬 Add
			🗆 Remove
			Change
MGR	DDW Holdings LLC	29 Woodland Drive, Rye Brook, NY 10573	Add
			☐ Remove
			Change
			🗆 Add
			☐ Remove
			Change
			□ Add
			🗆 Remove
			Change
			□ Add
			Add m Change

		
	 	
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ffective date, if other than the da an effective date is listed, the date must be tote: If the date inserted in this block	te of filing:	otional) Her filing.) Pursuant to 605.020 This date will not be listed a
iote: If the date inserted in this block	does not meet the applicable statutory filing requirements, t	otional) Her filing.) Pursuant to 605.020 his date will not be listed a
iote: If the date inserted in this block ocument's effective date on the Depar	does not meet the applicable statutory filing requirements, triment of State's records.	his date will not be listed a
iote: If the date inserted in this block ocument's effective date on the Departure of the period of	does not meet the applicable statutory filing requirements, to the rtment of State's records. ffective date, but not an effective time, at 12:0:	his date will not be listed a
e record specifies a delayed ef The 90th day after the record	does not meet the applicable statutory filing requirements, to the rtment of State's records. ffective date, but not an effective time, at 12:0:	his date will not be listed a
e record specifies a delayed ef The 90th day after the record	does not meet the applicable statutory filing requirements, to the state's records. If the state's records are statutory filing requirements, to the state's records. If ective date, but not an effective time, at 12:0:1 is filed.	this date will not be listed a large and a
e record specifies a delayed ef The 90th day after the record	does not meet the applicable statutory filing requirements, to retire the state of S	this date will not be listed a large transfer of the earlier of th
e record specifies a delayed ef The 90th day after the record	does not meet the applicable statutory filing requirements, to the state's records. If the state's records are statutory filing requirements, to the state's records. If ective date, but not an effective time, at 12:0:1 is filed.	his date will not be listed a
Note: If the date inserted in this block locument's effective date on the Department's effective date of the Policy effec	does not meet the applicable statutory filing requirements, to retire the state of S	his date will not be listed a La.m. on the earlier of
Note: If the date inserted in this block locument's effective date on the Department's effective date of the Policy effective date of the Department's effet	does not meet the applicable statutory filing requirements, to retire the state of S	his date will not be listed a

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