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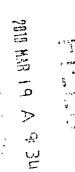
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Sec Division of Corp		•		
SUBJECT:LU	SPORTS TR	AINING LLC nited Liability Company		
The enclosed Articles of A	umendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	LMIS E	CAVCTO Name of Person		
	LU SPORT	S TRAINING U Firm/Company	<u>C</u>	
	16450 M	11AMI DRIVE APT	T402	
	MOPTH MIA	MI BEACH TO City/State and Zip Code	33162 = 3	
	E-mail address: ((to be used for future annual report notifi	Cation)	عصرين تعديد أأ
For further information co	ncerning this matter, please c	all:		, j
ALEXANDS Name of	A BATRES Person	at (305) 783- Area Code Daytime	Telephone Number.	نبء
Enclosed is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	jability Company as it now appea lorida Limited Liability Company)	NING rs on our records.	
The Articles of Organization for this Limited Liabil Florida document number <u>LIS 5000</u>	ity Company were filed on <u>(</u> 4428	01-05-20	and assigned
This amendment is submitted to amend the followir	ng:		
A. If amending name, enter the new name of the	JING LLC		abbreviation "L.L.C."
Enter new principal offices address, if applicable	···	NA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	NA	23 m²
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address o address here:	n our records; ente	r the name of the new
Name of New Registered Agent: New Registered Office Address:	NA	NA	>
	Enter Flo	orida street address , Florida _	NIA 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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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Effective date, if other than the date of filing:	re than 90 day requirement	s after fili	ing.) Purs	suant to 605.02 not be listed
ne record specifies a delayed effective date, but not an effective tine. The 90th day after the record is filed.	me, at 12:	:01 a.n	n. on t	he earlier
Dated 03 15 2018. Signature of a member of authorized representative of	ho:			

Page 3 of 3

Filing Fee: \$25.00