## 11800011450

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
, , , ,	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Sasinoss Entity Harris)	
(December 1)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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SECRETARY OF STATE FALLAHASSEE. FLORIDA

## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:		SPORT FLA LLC		
sonanci,		Name of Limi	ted Liability Company	
The enclosed	f Articles of z	Amendment and fee(s) are subt	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	to the following:	
		LORI C HERRING		
		<u></u>	Name of Person	<del></del>
		TOP TRANSPORT FLA L	LC	
			Firm/Company	
		6628 PEACOCK ROAD		
			Address	
		SARASOTA, FL 34242		
			City/State and Zip Code	
		SRQTRANSPORT@GMAI		
		E-mail address: (t	o be used for future annual report not	fication)
For further in	nformation co	oncerning this matter, please ca	all:	
LORI C HE	RRING		941 323-0442 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is:	a check for th	e following amount:		
□ \$25.00 ł	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:

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**

any as it now appears on our records.) Liability Company)	
y were filed on MARCH 5,2018	and assigned
hility company here:	
oility Company," the designation "LLC" or the	e abbreviation "L.L.C."
	<b></b>
	A S
	23
6628 PEACOCK ROAD	æ [ ⊐⊈ ] ————————————————————————————————————
SARASOTA, FL 34242	<u> </u>
office address on our records, <u>ent</u> <u>re</u> :	er the name of the
	<del></del>
Enter Florida street address	
Enter Florida street address , <b>Florida</b>	
	bility company here:  office address on our records, entere:

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ATA, WANIS F	1128 DANNY DRIVESARASOTA	
			Change
			☐ Remove
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			☐ Change
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			☐ Change
			□ Remove
			☐ Change

PRESIDENT/A	ANAGING MEMBER		
<del></del>			
			~ 23
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			<b>2</b> 5
ective date, if ot	ner than the date of filing:	(option:	al)
te: If the date ins	d, the date must be specific and cannot be prior rted in this block does not meet the applic	cable statutory filing requirements, this da	
tument's effective	date on the Department of State's records	S.	
record specific	s a delayed effective date, but no	ot an effective time, at 12:01 a r	n on the carlier c
	ter the record is filed.	ot an encetive time, at 12,01 an	n. on the carner c
ted	, ——	·	
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	Signature on member or aut	orized representative of a member	

Page 3 of 3

Filing Fee: \$25.00