# L180000 75268

(Requestor's Name)
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SECRETARY OF STATE

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#### **COVER LETTER**

TO: Registration Sec Division of Corp		•	
SUBJECT:Cu	ZZO Sports Name of Limi	LLC ited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	- Megan	Ahammer - MC Name of Person	Cartney
		O Sports, LLI Firm/Company	
	436 Sa	int Georges Con	v+
	Satelli7	te Beach, FL 3: City/State and Zip Code	2937
	Megan E-mai/yddress: (t	ahama yahoo. 10 o be used for future anoual report notifi	Comcation)
For further information co	ncerning this matter, please ca	ıll:	
Megan Al Name of	nammes - MCase Person	Meyat (321) 258 Area Code Daytime	-9002 Telephone Number
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

CUZZO Spor	ts, LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	2/7/18	_ and assi	igned
Florida document number <u>L180000 352 68</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	esignation "LLC" or the abbr	eviation "L.l	. <u>.c</u> ."
Enter new principal offices address, if applicable:			호·	ECF
(Principal office address MUST BE A STREET ADDRESS)			PR	HE TO
			27	SSE RY
			PH	<u> </u>
Enter new mailing address, if applicable:			ယ္	LOR LOR
(Mailing address MAY BE A POST OFFICE BOX)			చ్	IDA IDA
		<u> </u>		
B. If amending the registered agent and/or registered of	ffice address on	our records, enter th	e name	of the nev
registered agent and/or the new registered office address her	<u>e</u> :			
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			<del></del>
New Registered Office Address:				
	Enter Flori	ida street address		•
		, Florida		
Name Description of Association (Charles of the Control of the Con	City		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

camending 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
<u>Ambr</u>	Anthony Jordan	109 Prairie Dune Was	Add
		Orlando FL 32828	□ Remove
			☐ Change
			Add
			Remove
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amending any other information, ent	ter change(s) here: (Allac	n additional sheets, if nece	essary.)
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ffective date, if other than the date of an effective date is listed, the date must be specifi	filing:	(optic	onal)
ote: If the date inserted in this block does ocument's effective date on the Department	not meet the applicable status		
record specifies a delayed effecti The 90th day after the record is fi	ive date, but not an effe iled.	ective time, at 12:01 a	.m. on the earlier o
ated April 25	2018	,	
Signature	of a magniber of authorized repre	esentative of a member	
		•	

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Filing Fee: \$25.00