L18000052615

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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT:	Gains S Name of Limit	POYTS POFOYMED Liability Company	nance LLC
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
	Kevir	P. Harkay	
-	Kevin	P. Markey	P.L.
-		. Courtenay PKI	
- -	E-mail address: (to	City/State and Zip Code Keyin P Mc be used for future annual report notifica	-L 32952 Excey. Com
For further information conce	rning this matter, please cal	11:	
Kristin	E. Bouer	$\frac{21}{\text{Area Code}} \frac{321}{\text{Daytime T}}$	758
Name of Per	son	Area Code Daytime T	elephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	330.00 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

Gains	Sports Performance LLC
	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L18000052</u>	y Company were filed on Wych 1, 2018 and assigned
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the li	imited liability company here:
Ç	.imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS ADDRES	DDESC)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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

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>	<u>Address</u>	Type of Action
MGR	Scott Lauder	3 Boulder Trail	Add
		3 Boulder Trail Chappagua, NY 10	514 [] Remove
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Note: If the o	te, if other than the ate is listed, the date make inserted in this lifective date on the	block does not	meet the applic	able statutory fill	ng requirements, t	otional) fler filing.) Pursuant to 60 his date will not be lis	5.0207 (3 ted as th
document s c	receive date on the	осраниней от	Sizic s records	•			
The 90th	day after the re	cord is filed	l .		time, at 12:01	L a.m. on the earl	ier of:
Dated	Jaren 2	<u> </u>	,2618				
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