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COVER LETTER

NoFlo Athletics. LLC Name of Limited Liability Company	TO:	Registration Sec Division of Corp						
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Christina Migliara Name of Person Firm/Company 26 Gabacho Court Address Saint Augustine. FL 32095 City/State and Zip Code miglett62@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christina Migliara 631 774-9717								
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at ()	For furt	her information co	ncerning this matter, please c	all:				
	Christin	na Migliara						
Name of Person Area Code Daytime Telephone Number	 ,	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is a check for the following amount:	Enclose	d is a check for the	: following amount:					
(additional copy is enclosed) Certified Copy	\$25.	.00 Filing Fee		Certified Copy	Certificate of Status &			

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

NoFlo Athletics, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000141104	were filed on <u>6/7/18</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	26 Gabacho Court	
(Principal office address MUST BE A STREET ADDRESS)	Saint Augustine, FL 32095	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		the new DEC S
New Registered Office Address:	Enter Florida street address	
		30 30 30 30 30
	, 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Patricia Grace	1745 Litchfield Dr. West Melbourne, FL 32094	⊟ Add
			☐ Change
			□ Remove
			□ Change
			□ Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, i)	(necessary.)
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	PHIZ: 30
	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day. Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12: (b) The 90th day after the record is filed.	01 a.m. on the earlier of:
Dated December 2 2018	
Signature of a member or authorized representative of a member	
Christina Migliara	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00