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COVER LETTER

	tration Secti ion of Corpo				
7	TOPS SPORT	'S LLC			
SUBJECT: Name of Limited Liability Company					···
The enclosed z	Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please return a	ill correspond	ence concerning this matter	to the following:		
		Vathosia Flournoy			
			Name of Person		
		267 N Sloan Ave	Firm/Company		
		Lakeland, FL 33815	Address		
		vathosiaf@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual re	eport notification)	
For further inf	ormation con	cerning this matter, please o	all:		
Vathosia Flou	moy			-0323	
	Name of P	erson	at () Area Code	Daytime Telephor	ne Number
Enclosed is a	check for the	following amount:			
■ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$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

TOPS SPORTS LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records. d Liability Company))
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on June 25, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
BARSIDE SPORTS LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		8 N E
Enter new mailing address, if applicable:		20 AM
(Mailing address MAY BE A POST OFFICE BOX)		enter the name of the new
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	City . Fior	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> Laymeshia Hicks	Address 267 N Sloan Ave Lakeland, FL	Type of Action
MGR		33815	Add
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			Change
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E. Effective date, if other than the date of fi	Filing: (optional) ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60	S 0207 (2)
Note: If the date inserted in this block does n	not meet the applicable statutory filing requirements, this date will not be list of State's records.	ted as the
f the record specifies a delayed effective b) The 90th day after the record is file	ve date, but not an effective time, at 12:01 a.m. on the earlied.	ier of:
August 15th Dated	2018	
Nastona	Thurs	
Signature of	of a member of authorized representative of a member	
Vathosia S. Flournoy	\smile	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00