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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PALLADIUM SPORTS GROUP LLC 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:
Evan Kaylin Name of Person
PALLADIUM SPORTS GROUP LLC Firm/Company
1228 West Ave (Apt 504) Address
Miani, FL 33139 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 790.0359 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \$\subseteq \text{\$\subseteq \text{\$\subset \text{\$\subseteq \seteq \text{\$\subseteq \seteq \seteq \text{\$\subseteq \seteq \seteq \text{\$\subseteq \seteq

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

ARTICLES OF ORGANIZATION

	FILED	
18 C	UL 20 .	
TALLA	ETARY OF STATE HASSEE, FLORIDA	
ords.)	SCE, FLORIDA	

The Articles of Organization for this Limited Liability Company were filed on July 19, 2018 and assigned Florida document number 100316087211. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_____, Florida ___

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: 18 JUL 25 AM 11: 38 MGR = Manager AMBR = Authorized Member SECRETARY OF STATE TALLAHASSEE, FLORIDA Type of Action <u>Address</u> **Name** Title □ Add ____ □ Remove _____ Change __□ Remove ☐ Change _□ Remove ____ Change 🗀 Add ☐ Remove ____ Change _□ Change ☐ Remove

Change

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	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	TALLAHASSES STATE
	- SEE, FLORIDA
	9.
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(If an el	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	July 21, 2018.
	Signature of a member or authorized representative of a member
	signature of a monitori of audiorized representative of a member

D.

Page 3 of 3

Filing Fee: \$25.00