

9/8/21, 12:28 PM

Division of Corporations

L18000270289

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H21000333572 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PETERSON & MYERS PA
Account Number : 120080000078
Phone : (863)683-6511
Fax Number : (863)688-8099

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@racketstats.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RACKETSTATS, LLC

Certificate of Status	0
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2021 SEP -8 PM 5:09
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TALLAHASSEE, FLORIDA

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2021 SEP -8 PM 1:52

TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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9/9/21

COVER LETTER

((H21000333572 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: RACKETSTATS, 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:

Amanda L. Walls

Name of Person

Peterson & Myers, P A.

Firm/Company

225 East Lemon Street, Suite 300

Address

Lakeland, Florida 33801

City/State and Zip Code

info@racketstats.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa J. Cook

at (863) 683-6511

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FILED
2021 SEP - 8 PM 5:09
TALLAHASSEE, FL
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H21000333572 3)))

RACKETSTATS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 21, 2018 and assigned Florida document number L18000270289.

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)

225 East Lemon Street

Suite 300

Lakeland, Florida 33801

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:

1046 Success Avenue

Enter Florida street address

Lakeland

City

Florida 33803

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

(((H21000333572 3)))

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
2021 SEP -8 PM 5:10
CLERK OF DISTRICT COURT
S.E. 1/3, 34th & 10th AVE
TALLAHASSEE, FL 32301

Filing Fee: \$25.00