

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

L18000270289

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Type the fax audit number (shown below) on the top and
bottom of all pages of the document.

(((H23000238497 3)))



H230002384973ABC5

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To:

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

From:

Account Name : PETERSON & MYERS
Account Number : I20080000078
Phone : (863)683-6511
Fax Number : (863)688-8099

2023 JUL - 7 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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2023 JUL - 7 PM 1:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Email Address: Awalls@petersonmyers.com

**LLC AMND/RESTATE/CORRECT OR M/MG
RESIGN**

JUL 10 2023
K. Brumbach

RACKETSTATS, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

No. 1865 P. 3/6
(((H23000238497 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

P.O. Box 24628

Address

Lakeland, FL 33802

City/State and Zip Code

Awalls@petersonmyers.com

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

For further information concerning this matter, please call:

Amanda L. Walls

863

683-6511

Name of Person

at ()

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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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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RackelStats, 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 11/21/2018 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:

2777 Lakeview Drive

(Principal office address MUST BE A STREET ADDRESS)

Lenoir, NC 28645

Enter new mailing address, if applicable:

2777 Lakeview Drive

(Mailing address MAY BE A POST OFFICE BOX)

Lenoir, NC 28645

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:

Anunda L. Walls

New Registered Office Address:

225 E Lemon Street, Suite 300

Enter Florida street address

Lakeland

City

Florida

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

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 7/6/2023

Classified by: Andrew Deane

Signature of a member or authorized representative of a member

Andrew Durham

Typed or printed name of signee

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