# L1900018337

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	; #)
PICK-UP		MAIL
	isiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v

t



09/18/15--0100/2--026 \*+25.00



MAY 0 9 2019

T SCHROEDER

COV	ER	LEI	<b>ITER</b>

### TO: Registration Section Division of Corporations

Passpost Sports LLC

SUBJECT: \_\_

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:

Mark Liles

Name of Person

Passport Sports LLC

Firm/Company

772 Washburn Rd, Suite B

Address

Melbourne, FL 32934

City/State and Zip Code

passport1@bellsouth.net

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

For further information concerning this matter, please call:

Mark Liles	321	459-0005
	at ()	
Name of Person	Area Code	Davtime 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Passport Sports 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 <u>1-16-2019</u> and assigned Florida document number <u>L19000018337</u>.

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 "LLC."

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, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ado	litess
	City	Florida Zıp 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</u> or removed from our records:

# MGR = Manager AMBR = Authorized Member

:

.'

<u>Title</u>	Name	Address	Type of Action
MGR	Mark Liles	772 Washburn Rd, Suite B Melbourne, FL 32934	Add
			Remove
			Change
		<u> </u>	🛛 Add
			Remove
			Change
			Add SERUNAL AMASSET
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change

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

· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
	ALCONTRACTOR
	APR HAT
	<b>66 2</b>
· · · · · · · · · · · · · · · · · · ·	
	19 APR 29 PH 1. 14 SECRETARY OF STATE TALL AHASSEE. FLORIDA
ve date if other than the date of filings	(optional)

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.

April 12 Dated	2019	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Mark Liles	Signature of a member or authorized representative of a member	

Typed or printed name of signee

Filing Fee: \$25.00