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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor			
		Co., LLC Name Change		
SUBJ	EC1:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Brian Cunningham		
			Name of Person	
		Cunningham Venture Grou	ip, LLC	
			Firm/Company	
		18503 Pines Blvd., Suite 3	10	
			Address	
		Pembroke Pines / FL 3302	Name of Person Address City/State and Zip Code be used for future annual report notification) Area Code Daytime Telephone Number \$55.00 Filing Fee & Certificate of State of Stat	
		brian@cvgconsultingco.con		
		E-mail address. (to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please ca	all:	
Brian	Cunningham			
	Name o	l'Person		Telephone Number
Enclo:	sed is a check for th	ne following amount:		
□ \$3	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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

CVG SPORTS CO., LLC						
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number 1,19000073174.	were filed on 03/15/2019	and a	issigned			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lial	oility company here:					
CVG SPORTS, LLC						
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "	L.L.C "	_		
Enter new principal offices address, if applicable:	18503 PINES BLVD., SUITE 310					
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINES, FL 33029	2+1	<u></u>	<u>:</u>		
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		7. 7. 7.23	<i>-</i> ≺ ′			
Enter new mailing address, if applicable:			- ,			
(Mailing address MAY BE A POST OFFICE BOX)			, 5 ,	-		
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B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		er the nam	e of the	ne		
Togaresea agent and of the new regions and office names of the	<u>.</u> .					
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			_		
New Registered Office Address:						
	Enter Florida street address					
	Florida					
	City	Zip Cod	e	_		

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 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>	Address	Type of Action		
			☐ Remove		
			☐ Change		
					
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Effective date, if other than the date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Dep	be specific and cannot be prior to ck does not meet the applical	o date of filing or more than ole statutory filing requi	(optional) 190 days after filing.) rements, this date v	Pursuant to 60. vill not be list	5.0207 (3)(b) led as the
ne record specifies a delayed The 90th day after the reco	effective date, but not rd is filed.	an effective time,	at 12:01 a.m. (on the earli	er of:
Dated APRIL 30	2019				
_ Clini	me in				
- (S	ignature of a member or author	ized representative of a mo	ember		

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