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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
D DRIBB	LA SPORTS "LLC"		
30000000	Name of Lin	ited Liability Company	
den de la companya d			
The enclosed Articles of	Amendment and fee(s) are sub	imitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	PATRICK LEWIN		
		Name of Person	
	D DRIBBLA SPO	RTS "LLC"	
	Name of Limited Liability Company stof Amendment and fee(s) are submitted for tiling. spondence concerning this matter to the following: PATRICK LEWIN Name of Person Daviable Sports "LC" Firm/Company 5825 NW 57TH AVE Address TAMARAC, FL 33319 City/State and Zip Code MANFROMMOCHO@GMAIL.COM E-mail address: (to be used for future annual report notification) on concerning this matter, please call: at (446		
	5825 NW 57TH AVE		
		Address	
	TAMARAC, FL 33319		
		City/State and Zip Code	
	-		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
PATRICK LEWIN		646 7369921	
Name o	of Person	Area Code Daytime	Telephone Number
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	-	Flore on the contract of	- - - - - - - - - -
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	on of Corporations ox 6327	Division of Corpora Clifton Building	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D DRIBBLA SPORTS "LLC"		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our recommed Liability Company)	ords.)
The Articles of Organization for this Limited Liability Cor	npany were filed on 05/30/2019	and assigned
Florida document number L19000143700	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	
		. 9
		E T
Processing the second		SS = ==
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
		97 7
		22
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	ress
		Florida
	City	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PATRICK LEWIN	5825 NW 57TH AVE	-
		TAMARAC FL 33319	■ Add
			☐ Remove
			Change
MGR	SOPHIA LINTON	5825 NW 57TH AVE	
		TAMARAC FL 33319	
			Remove
			☐ Change
MGR	AUDREY STODDART	5825 NW 57TH AVE	
		TAMARAC FL 33319	Remove
			Service Servic
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Filing Fee: \$25.00