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AUG 1 9 2020 S. YOUNG

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE		SPORT LLC		
Suranc	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		Olivet V Salgado		
			Name of Person	
		 	Firm/Company	
		3408 Fox Ridge St		
			Address	
		Winter Flaven, FL 33884		
			City/State and Zip Code	
		olivet.salgado@outlook.cor		
		E-mail address: (to be used for future annual report r	notification)
For furth	her information co	ncerning this matter, please ca	all:	
OLIVE	T V SALGADO		908 422 8287	
	Name of	Person	Area Code Day	time Telephone Number
Enclose	d is a check for the	e following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	<u>u</u>	Street Address:	: Saction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OVA TRANSPORT LLC		- 26	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our reco d Liability Company)	rds.) 3 17	
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on 06/10/2019	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LI	C" 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)			
			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ente</u>	er the name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:			
THE WASSINGTEN STITLE THAT COS.	Enter Florida street address		
	Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple- accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	te performatice of my duties, (s provided for in Chapter 605	and I am familiar with and 5. F.S. Or, if this document is	

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VICTOR GARCIA-SAINZ	3408 Fox Ridge St. Winter Haven, Fl. 33884	■Add
			□Remove
			Change
MGR	Olivet Virginia Salgado	3408 Fox Ridge St Winter Haven, FI 33884	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			Change
			□ Add
			Remove
			□Change

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Signature of a member or authorized representative of a member	07/02/		_		
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