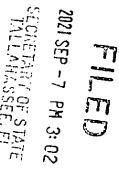
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Office Use Only

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COVER LETTER

TO: Registration Division of C						
BLH As	sociates, LLC					
30bJEC1	Name of Lin	nited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	spondence concerning this matter	to the following:				
	Fred Keith					
		Name of Person			2021 Séction	
	Keith & Associates, PLLC				2021 SEP -7 SACRETARI TALLAHA	7
		Firm/Company			-7 PH ARY OF WHASSI	**. ~
	715 Bakewell Street				PH :	M
	Covington, KY 41011	Address			PH 3: 02 OF STATE SEE. FL	
	fkeith@keithlawyers.com	City/State and Zip Co	de			
		to be used for future annu	ual report notification	on)		
	i concerning this matter, please c	rall:				
Fred Keith		at ()	261-6800			
Nam	e of Person	Area Code	Daytime Tek	ephone Number		
Enclosed is a check fo	r the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy (additional copy is		Certified	e of Status &	
Mailing Addi Registration Division of P.O. Box 6.	n Section Corporations	Regis Divis	Address: stration Section sion of Corpora	itions		
1 .O. DOX 0.	J _ I	i ne C	Centre of Talla	nassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLH Associates, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records Liability Company)	.)
The Articles of Organization for this Limited Liability Company	were filed on 10/7/2019	and assigned
lorida document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	sility company here:	
lunter Athlete Management, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	
inter new principal offices address, if applicable:	14422 Shoreside Way, Suite 110	2021 5-EC
Principal office address MUST BE A STREET ADDRESS)	Winter Garden, FL 34787	
inter new mailing address, if applicable:	715 Bakewell Street	PH (
Mailing address MAY BE A POST OFFICE BOX)	Covington, KY 41011	3: 02
s. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	·
	, Flor	
	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 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
			_ □Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
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		HASSE SE	
		E S	Remove 22
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ective date, if other than the date of filing:	(optional)
reffective date is listed, the date must be specific and cannot be prior to date of	tiling or more than 90 days after filing.) Pursuant to 605,0207
te: If the date inserted in this block does not meet the applicable statu- tument's effective date on the Department of State's records.	flory filing requirements, this date will not be listed as
cord 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
s filed.	· ,
ed August 30 . 2021 . Signature of a member or authorized representation.	
Signature of a manker or authorized and	acoutative of a murrhar
Signature of a member of authorized teph	esemative of a member
Brandon Hunter	
Typed or printed name of	signee

Filing Fee: \$25.00