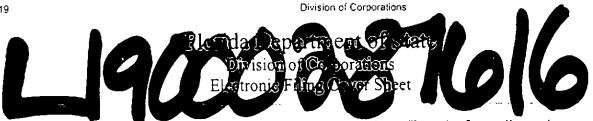
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICE OF NATHAN L. TOWNSEND, PA

Account Number : I20050000145 Phone : (813)988-5500

: (813)988-5510 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRECISION SPORTS PERFORMANCE LEG:

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COVER LETTER . .

	istration Sect				
2	ision of Corpo PRECISION	SPORTS PERFORMANCE,	LLC	4	
SUBJECT:		Name of Limit	ed Liability Company		
The enclosed	Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return	all correspond	dence concerning this matter to	o the following:		
		NATHAN L. TOWNSEND)		
			Name of Person		
		NATHAN L. TOWNSEND), P.A.		
			Firm/Company		
		1000 LEGION PLACE, ST	E 1206		
			Address		
		ORLANDO			
			City/State and Zip Code		
		NATHAN@NLTLAW.COM			
		E-mail address: ()	o be used for future annual	report notification)	
For further i	nformation co	ncerning this matter, please ca	II:		
NATHAN	L, TOWNSEN	D	407 79	2-6100	
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is	a check for the	rollowing amount:			
□ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee Certified Copy (additional copy is en		\$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRECISION SPORTS PERI	FORMANCE,	LLC			
(Name of the Limited Liability Company a (A Florida Limited Liab	s it now appea	rs on our reco	ords,)		
(A) TRANSE TABLES	inty Contrary,	1.	1		
The Articles of Organization for this Limited Liability Company we	re filed on _	11 119	2010	ar	nd assign e d
Florida document number LI9000287616.					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	company h	ere:			
COLLECTIVE SPORTS DATA, LLC					
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the words "Limited Liability Contains the words "Liability	Company," the	designation "l.	I.C" or the a	abbreviati	ion "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)			<u> </u>	20.2	
			25.2) DEC	
			25 E	C 2	
B. If amending the registered agent and/or registered office add	ress on our	records, <u>ent</u>	er the nai	ne Of th	ie new registered
agent and/or the new registered office address here:				➣	{ i i
			E5 (-	কু	
Name of New Registered Agent:				<u>.</u>	
			3.	σ	
New Registered Office Address:	Salar Fla	orida street ada	leare		<u> </u>
	Enter 110	n late sir eer trat	(/ E 3.)		
			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

MGR = Manager

AMBR = Authorized Member

12/20/2019 13:36 PM PST

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Change

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

Title	<u>Name</u>	Address	Type of Action
			
			DRemove
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			□Add
			□Remove
			☐ Change
			🗆 Add
			Remove
			□Change
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			☐Remove
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			□ Remove

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If an effective date Note: If the date	if other than the date is listed, the date must be spenieserted in this block do trive date on the Department	ocific and cannot be process not meet the app	for to date of lifting or i dicable statutory fili	more than 90 days after	THINE.) I'Ursuant to ovo.v4
he record spe The 90th da	cifies a delayed effe y after the record i	ective date, but s s filed.	not an effective	time, at 12:01 a	i.m. on the earlier
Dated	Ec, 20	1 201	9		
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Typed or printed name of signee

Filing Fee: \$25.00