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COVER LETTER

	Registration Se Division of Cor			
oun inc	The Sport L	Life, LLC		
SUBJEC	T:	Name of Limi	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please re	turn all correspo	indence concerning this matter	to the following:	
		Mark R. Worrell Jr.		
			Name of Person	
		Orlando International Colle	ge of Sport, LLC	
			Firm/Company	
		2577 Dolly Bay Dr. Apt. 30)7	
			Address	
		Palm Harbor, FL. 34684		
City/State and Zip Code				
		mworrell@utexas.edu		
		E-mail address: (t	o be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please ca	ill:	
Mark R.	Worrell Jr.		561 703-9366 at ()	
	Name o	f Person		ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Se	ection
	Division of C		Division of Co	
	P.O. Box 632	27	The Centre of	Tallahassee
	Tallahassee, 1	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

2020 1. 017 FT 8: 22

The Sport Life, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 8, 2020 and assigned Florida document number 1.20000099565 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Orlando International College of Sport, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1317 Edgewater Dr. Enter new principal offices address, if applicable: #1977 (Principal office address MUST BE A STREET ADDRESS) Orlando, FL. 32804 1317 Edgewater Dr. Enter new mailing address, if applicable: #1977 (Mailing address MAY BE A POST OFFICE BOX) Orlando, FL. 32804 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Kelly Miller Name of New Registered Agent: 1317 Edgewater Dr. New Registered Office Address: Enter Florida street oddress

New Registered Agent's Signature, if changing Registered Agent:

ì

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.

City

Orlando

, Florida ³²⁸⁰⁴

Zip Code

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
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			Remove
			□Change
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Effective date, if other that If an effective date is listed, the da Note: If the date inserted in a document's effective date on	ite must be specific this block does n	and cannot be prio of meet the appli	cable statutory fili	nore than 90 days after	
e record specifies a delayed en	Tective date, but	not an effective	time, at 12:01 a.m.	on the earlier of: (b) The 90th day after th
rd is filed.					
		2020			
Dated April 15			-		
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