## LZU 000108826

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Special Instructions to Fil	ing Officer:	

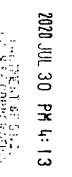
Office Use Only



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SEP 2 0 2020 S. YOUNG



## **COVER LETTER**

TO: Registration Section of Corp.			
40009	Roll Athletics T	ampa LLC	
SUBJECT:	Bull Athletics T	ed Liability Company	
The enclosed Articles of A	amendment and fee(s) are subm	sitted for filing.	
Please return all correspon	idence concerning this matter to	the following:	
		Name of Person	
		Firm/Company	
		, ,	
		Address	
		City/State and Zip Code	
	E-mail address: (t	o he used for future annual report not	fication)
For further information of	oncerning this matter, please or	all:	
		9(1 )	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
	\$30.00 Filing Fee & Certificate of Status	S55.(8) Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	<u>ss:</u>	Street Address:	
Registration	Section	Registration S Division of Co	
Division of C P.O. Box 633	27	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Young Bull Athle		
(Name of the Limited Liz) (A Floi	bility Company as it now appears on o orida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number <u>L2000108826</u> This amendment is submitted to amend the following	y Company were filed on 4 –	温泉、 こ 門
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD		ion "LLC" or the abbreviation "L.L.C."
Enter new maiting address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		s, enter the name of the new registered
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Enter Florida str	et address
		Florida
	Cuy	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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record spot is filed.	occifies a delayec	i effective date	2. but not	an effective	time, at 12	:01 a.m. oi	1 the earlie	r of: (b)	The 90th d	iy after the
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Filing Fee: \$25.00