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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Young Buil Athletics Tampa Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Duvid K Chamberlain Name of Person
Young Buil Athletics Tampa Firm/Company
5136 Net Orive apt 218
Tampa, FL 33634 City/State and Zip Code
info @ Yangbuil athletics. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (561) 541 - 4760 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Young Bull AH	Hetics Tampa LLC
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 2 88// 10 88 26	Company were filed on 4/21/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	nited liability company here:
The new name must be distinguishable and contain the words "L	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	DRESS)
(Principal office address MUST BE A STREET ADI	ORESS)
	30
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	2(
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, <u>enter the name of the new registere</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Coxle

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>	<u>Name</u>	Address	Type of Action
<u> (00</u>	Gary Spencer	3412 W Palmetto St	🗸 🗸 Add
		Tampa, FL 33607	□Remove
			□Change
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			🗆 🔿 Add
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			□Remove
			Change
			[]Add
			□Remove
			C (1)

. II aine	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe	ve date, if other than the date of filing:
he record ord is fil	I 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 ed.
Dated .	November 23. 2020.
	November 23 . 2020. This Character Man. Signature of a member or authorized representative of a member
	David Chamberlan Typed or printed name of signee

Filing Fee: \$25.00