## K2C CCO 134552

(Re	questor's Name)	
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Certified Copies	_ Certificate:	s of Status
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Special Instructions to	Filing Officer:	
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T. MATTHEWS

FEB - 1 2022

## **COVER LETTER**

TO:

ro:	Registration Sec Division of Corp	tion orations		
			NSPORT LLC	
SUBJE	ECT:	Name of Limit	ed Liability Company	
SUBJECT:    Name of Limited Liability Company				
Please	return all correspor	ndence concerning this matter to	o the following:	
		LOVETTE DOBSON		
			Name of Person	
			Firm/Company	
		17350 STATE HWY 249 S	TE 220	
			Address	
		HOUSTON, TX 77064		ime Telephone Number    \$60.00 Filing Fee.     Certificate of Status & Certified Copy (additional copy is enclosed)    Section     Corporations     Tallahassee     Iron Corporations     Ir
			M	
				fication)
For fu	irther information c	oncerning this matter, please ca	ill:	
LOVI	ETTE DOBSON		at (	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclo	sed is a check for the	he following amount:		
<b>≡</b> \$	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registration	Section Corporations 27	Registration Solution of Co The Centre of	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	PORTILIC 22 . TELL [1	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000134582	were filed on 05/18/2020	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1150 NW 72ND AVE TOWER	1 STE 455 #506
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33126	
- tri dans if applicables	1150 NW 72ND AVE TOWER	LSTE 455 #506
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33126	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter t</u>	the name of the new registe
New Registered Office Address:	Enter Florida street address	
		orida
	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> </u>	<u>Name</u>	Address	Type of Action
AMBR	KERON FORREST	1121 ALGOMA ST	□Add
		DELTONA, FL 32725	\bullet Remove
			Change
AMBR	KERON FORREST	1150 NW 72ND AVE TOWER I STE 455 #506	□Add
		MIAMI, FL 33126	□Remove
			Change
AMBR TRACY FORREST	TRACY FORREST	1150 NW 72ND AVE TOWER I STE 455 #506	<b>=</b> Add
		MIAMI, FL 33126	□Remove
			🗆 Change
			□Remove
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Note: If the d	te, if other than the date of filing: (optional) ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If date inserted in this block does not meet the applicable statutory filing requirements, this date we frective date on the Department of State's records.	Pursuant to 605.0207 ill not be listed as
he record specif ord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after the
Datud JANUA	ARY, 17 2022	
Dated	//	
	Signature of a member or authorized representative of a member	

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