## h20000152517

(Requestor's	s Name)
(Address)	
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(City/State/Z	Zip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	intity Name)
(Document	Number)
Certified Copies Ce	ertificates of Status
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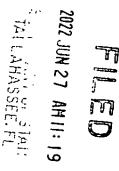
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## **COVER LETTER**

TO:	Registration S Division of Co		, · · · .	,	
SUBJEC	Mat	chball Authenticated, LLC		,	•
SUBJE		Name of Lim	ited Liability Company	·-	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all corresp	ondence concerning this matter	to the following:		
		Scot Fischer			
			Name of Person		_
		Next Level Authentic, LLC	Ç.		2022
		<del>-</del>	Firm√Company		
		One Alhambra Plaza, Floo	r PH		2022 JUN 27 AM II:
			Address		
		Coral Gables, Florida 3311	34		· · · · · · · · · · · · · · · · · · ·
			City/State and Zip Code		_ · · · · •
		scot@scotfischer.com			
		E-mail address: (	to be used for future annual report in	oufication)	
For furth	er information	concerning this matter, please c	all:		
Scot Fis	cher		305 215-8206		
	Name (	of Person		time Telephone Numbe	rr
Enclosed	l is a check for t	the following amount:			
	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
	Mailing Addre Registration Division of C	Section	<u>Street Address:</u> Registration S Division of C	Section	
	P.O. Box 632	•	The Centre of		

Tallahassee, FL 32314

2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Matchball Authenticated, LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	r records.)	<u> </u>
The Articles of Organization for this Limited I		were filed on	20	and assigned
Florida document number 1.20000152517	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ullity company here:		
NEXT LEVEL AUTHENTIC, LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designati	on "LLC" or the abbrev	iation "L.IC."
Enter new principal offices address, if applic	cable:	One Alhambra Plaza, F	leor PH	· <b>~</b>
(Principal office address MUST BE A STREE	ET ADDRESS)	Coral Gables, Florida 3		022
			٠٠٠ حر	
			HA	2022 JUN 27 AH II
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)				
			्रेंगे <sub>(</sub> 	
		<del></del>	·	20
			-	-
B. If amending the registered agent and/or in agent and/or the new registered office addre	registered office a	address on our records	, enter the name of	the new registered
agent and of the new registered office addre	<u>35 1167 e</u> .			
Name of New Registered Agent:	Scot Fischer			
New Registered Office Address:	One Alhambra	Plaza, Floor PH		
<del></del>		Enter Florida stree	t address	
	Coral Gables		, Florida 33134	
		City		ip 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
MGR	Marta Turon	264 Almeria Ave., Coral Gables, FL 33134	□Add
			■Rcmove
			□Change
MGR	Ron Gordon	264 Almeria Ave., Coral Gables, FL 33134	□Add
			■Remove
			□ Change
MGR	Ignacio Guerra	One Alhambra Plaza, Floor PH	■Add
		Coral Gables, FL 33134	□Remove
			□Change
MGR	Mariana Fischer	One Alhambra Plaza, Floor PH	<b>=</b> Add
		Coral Gables, FL 33134	□Remove
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<del></del>			
			□Remove

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n effective ote: If the	date is listed, the d date inserted in	an the date of fi ate must be specific this block does n the Department	and cannot be prior the app	rior to date of filing dicable statutory	g or more than 90 filing requirem	(optional) days after filing.) tents, this date v	Pursuant to	605.02 listed
ecord sper is filed.	cifies a delayed e	ffective date, but	not an effectiv	e time, at 12:01	a.m. on the earl	ier of: (b) The	: 90th day a	ifter the
June	13 <del>-</del>		_ · 2022	_ /				
ted			/ I					

Filing Fee: \$25.00

TALLAHASSEE, FL