L20000225138

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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	ich Gymnastics Academy, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joyce Johnson		
		Name of Person	
		Firm Company	
	3225 McLeod Drive, Suite		
		Address	
	Las Vegas, Nevada 89121		
	ra(a andersonadvisors.com	City State and Zip Code	
		to be used for fitture annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Joyce Johnson		800 706-4741 at ()	
Name c	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		<u>Street Address;</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee.	たに うごぎ 14	Z415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Apollo Beach Gymnastics Academy, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lii	Sompany as it now appears on our recor- mited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Con	npany were filed on 7/29/2020	and assigned
Florida document number 1.20000225138		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	.: 29
MrSprinkles, LLC		20 H
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	" or the abbreviation "L.L.G."
Enter new principal offices address, if applicable:		25 P
<u>Principal office address MUST BE A STREET ADDRES</u>	<u> </u>	C: P
		<u> </u>
		E S
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
3. If amending the registered agent and/or registered o	ffice address on our records, <u>enter</u>	the name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:	*.0	
Many Danietanal (1964), Addings		
New Registered Office Address:	Enter Florida street addre	W
	r.\	1
	F	lorida 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>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			Change Line Line Line Line Line Line Line Lin
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			ORDINATION OF THE PROPERTY OF
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			□Remove
			□ Change

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		700 P 11
		25.
Effective date, if other than	the date of filings	(optional)
If an effective date is listed, the date	must be specific and cannot be prior to date of filing	g or more than 90 days after filing.) Pursuant to 605,0207
	s block does not meet the applicable statutory e Department of State's records.	filling requirements, this date will not be listed as
e record specifies a delayed efford is filed.	ctive date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day after the
Dated May 18	. 2021	
Dated		
	MIT PHARAM	
	Signature of a member or authorized represent	tative of a member