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(R	equestor's Name)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

	Registration Se Division of Co					
SUBJEC		. SPORTS HOLDINGS LLC				
SOBJEC	···	Name of Lin	nited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub-	omitted for filing			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		NELSON VELEZ				
Name of Person CENTRAL SPORTS HOLDINGS LLC						
	Firm/Company		 			
1600 BEAR CROSSING DR						
			Address			
		ORLANDO, 32824				
			City/State and Zip Code			
		E-mail address: (to be used for future annual report notific	ration)		
For furth	er information c	oncerning this matter, please c	all:		js.,	
NELSO	N VELEZ		407 223-8342			:
	Name o	f Person	Area Code Daytime	Telephone Number		:
Enclosed	is a check for th	ne following amount:			A #:	
\$25.0	00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Certificate of Certified Cop (additional copy	Fee? f Status & py	
	Mailing Addres Registration S		<u>Street Address:</u> Registration Sect	ion		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

CENTRAL SPORTS HOLDINGS LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on08/26/2020	and assigned
Florida document number	_·	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	ESS)	
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)	g address, if applicable: MAY BE A POST OFFICE BOX) The registered agent and/or registered office address on our records, enter the name of the new registered new registered office address here:	
		<25
. If amending the registered agent and/or registered (office address on our records, <u>ente</u>	er the name of the new registe
the first registered office address here.		
Name of New Registered Agent:		24
		
New Registered Office Address:	Para tit at a site	
	Enter Florida street addr	CSV
 -	, F	Florida
	200	zap Coae

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
AMBR	CELTA SOCCER ACADEMY LLC	2906 VIA TUSCANY WAY	= Add
		KISSIMMEE FL 34744	□Remove
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ective date, if other than the date of filing:	(optional)	
te: If the date inserted in this block does not meet the applicable statu		
	2:01 a.m. on the earlier of: (b) The 90th day after	er the
06/24/2021 ed		
	,	
Signature of a member or authorized repre		