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COVER LETTER

TO: Registration S Division of Co			
Oak Hill S	Ports Club, LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
	ondence concerning this matter	Ç	
	Erin Anderson		
		Name of Person	
	Oak Hill Sports Club		
		Firm/Company	
	569 Maytown Rd		
		Address	
	Oak Hill, Florida 32759		
	iakhillsportsclub@gmail.co	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	ication)
For further information	concerning this matter, please c	all:	
Erin Anderson		386 314-5734 _ at ()	(!)
Name (of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		, 55
■ \$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 inclosed)
Mailing Address Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oak Hill Sports Club				
(<u>Name of the Limited Liability Comp.</u> (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on August 20, 2021	and assigned		
Florida document number L20000268547				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the a	abbreviation "L.L.C."		
Enter new principal offices address, if applicable: 569 Maytown Rd.				
(Principal office address MUST BE A STREET ADDRESS)	Oak Hill, Fl. 32759			
Enter new mailing address, if applicable:	569 Maytown Rd.			
(Mailing address MAY BE A POST OFFICE BOX)	Oak Hill, Fl. 32759			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		ne of the new register		
	Enter Florida street address	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
	Florida	Zin Code		
New Registered Agent's Signature, if changing Registered Agent:	•	Salvania		

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	<u>Address</u>	Type of Action
Treasure	Cathy Lindlau	168 Indian Creek Blvd. Oak Hill, Fl. 32759	■ Add
			□Remove
			□Change
			□ Add
			□Remove
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			□Add
			□Remove
		<u>.</u>	□Change
	-		(£) bbA⊡
			Remove
			> // ☐ Chànge
			□Add
			□Remove
			□ Change
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			□Remove
			□Change

I am changing the addres	s of business, and adding a trea	asure.			
Thank you.				-	_
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ctive date, if other than (the date of filing:	!I	(ontional)	> =	- 1 1 1
effective date is listed, the date !! If the date inserted in this iment's effective date on the	must be specific and cannot be prices block does not meet the application of State's record ctive date, but not an effective	or to date of filing or more to icable statutory filing red is.	han 90 days after filing.) quirements, this date v	Pursuant to 60 vill not be li	05.020 sted :
d	2021	·			
	Q. c d.	00			
	Signature of a member or aut	horized representative of a	niember		