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TO: Registration Sec Division of Corp			f RO ENVES
SUBJECT: BKF	Sports Ag	rared LLC	<u>2021 OCT</u> 25 AM 8: 09
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	·G	Name of Person	
	BI	CA Sports Appare	d LC
	<u>2630 w</u>	Broward Blud Son	vide 479
	_ Ft Land	erdale, FL 3331 City/State and Zip Code	2
	Noula sporte E-mail address: (s @ gmail. Com to be used for future annual report not	ification)
For further information co	ncerning this matter, please co	all:	
Skery Name of	Person	at (<u>305</u>) <u>609 –</u> Area Code Daytin	0615 ne Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Λ

	ny as it now appears on our records.) liability Company)	
(A Florida Limited T.	iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 9 4 2020	and assigned
Florida document number <u>L20000279309</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	Se Nou Sports A	topare / L
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		20
		20p1 0CT
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		٠٠٠ <u>١</u> ٠٠
		7 7
		2: 1
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ddress on our records, <u>enter the name o</u>	of the néw register
agent and/or the new registered office address nere:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin Code
New Registered Agent's Signature, if changing Registered Agent:	•	,

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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with ti 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 amonging 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>	<u>Name</u>	Address	Type of Action
			
			□Remove
		□Change	
		 	□Add
			□Remove
			□Change
			□Add
			Remove
			Change
		□Add	
			□Remove
		Change	
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		Change	
		□Add	
		□Remove	
			□Change

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E CC	
Note:	tive date, if other than the date of filing:
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the fled.
Dated	July 26 . 2021
	Signature of a member or authorized representative of a member
	Gon Liere Typed or printed name of signee
	Typed or printed name of signee

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