LZ0000306042

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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FILED
2021 JAN -4 PM 3: 16
SECRETARY OF STATE



COVER LETTER

Division of Corpora			
SUBJECT: SUNPISE	SPORTS CARDS, LLC		
	Name of Limited Liability Company		
The enclosed Articles of Ame	ndment and fee(s) are submitted for filing.		
Please return all corresponder	ice concerning this matter to the following:		
_	DANIELVOLDININO TR Name of Person		
-	SUNDISE SPORTS CARDS, LLC Firm/Company	2021 JA SEGRE	71
-	III E WARMINGTON ST. UNIT 1712	74	
		2021 JAN -4 PH 3: 16 SECRETABLY OF STATE TALL THE SSEEL FL	
-	Oluano), (L. 3280) City/State and Zip Code	IE 16	
-	E-mail address: (to be used for future annual report notification)		
For further information conce	rning this matter, please call:		
MARCUS EPLIA	at (585) 469-0447		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Surrise Sport (Neds, LA (Name of the Limited Liability Compa	ny as it now appears on our recor	rds.)
(A Florida Limited I		<u></u> ,
The Articles of Organization for this Limited Liability Company Florida document number 12000306042	were filed on 9/13/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LL	
Enter new principal offices address, if applicable:		2021 SEQ
Principal office address MUST BE A STREET ADDRESS)	·	
		PH
nter new mailing address, if applicable:		F S D
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, <u>ente</u>	r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		`lorida
	City	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>	<u>Name</u>	Address	Type of Action
AMBR	MARCUS M. ERLING	8301 SOLAND BAY LOOP	Add
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	if other than	the date of	G1:	11/20	\ <u>``</u> 1		10	ntinus))		
reffective date	is listed, the date	must be specif	fic and can	not be prior	to date of filir		ın 90 days a			
	e inserted in th ctive date on tl					y filmg reqi	urements.	this date	will not	be listed a
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	s a delayed eff	ective date, bi	ut not an o	effective ti	me, at 12:01	a.m. on the	earlier of	(b) The	e 90th d	lay after the
cord specifies										
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Filing Fee: \$25.00