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SECRETARY OF STAT

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COVER LETTER ,

	ation Section n of Corporation	s		**		
F SP SUBJECT:	ORTSCOLLECTO	DRS305 LLC				
SOBJECT:		Name of Lin	nited Liability Company			
The enclosed Ar	ticles of Amendm	ent and fee(s) are sul	bmitted for filing.			
Please return all	correspondence co	oncerning this matter	r to the following:			
	HENI	RY D CASTILLO JI	R			
			Name of Person			
			Firm/Company			
	3903	SW 78 COURT APT	Γ 103			
			Address	*		
	MIAN	MI, FL 33155				
			City/State and Zip Code			
			tto be used for future annual report not	ification)		
For further infort	nation concerning	this matter, please e	raff:			
HENRY D CAS	FILLO		786 623-1453			
	Name of Person		Area Code Daytin	ne Telephone Number		
Enclosed is a che	ck for the fullowi	ng amount:				
■ \$25.00 Filing		.00 Filing Fee & crtificate 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)		
[₹] Registr	Address: ation Section		<u>Street Address:</u> Registration Se	ection		
Division of Corporations P.O. Box 6327			Division of Corporations			
	ox 6547 issee, FL 32314	‡	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPORTSCOLLECTORS305 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/01/2020}{1}$ and assigned Florida document number 1.20000376529 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NIA The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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
MGR	HENRY D CASTILLO JR	1256 W. 76 STREET	
		HIALEAH, FL 33014	≣Remove
			□Change
MGR	NICOLAS I GARCIA	7755 SW 86 STREET #301	
		MIAMI, FL 33143	■Remove
			□Change
			DAdd
			Remove
			□Change
			□Add
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N/A				
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fective date, if other than th	e date of filing:		(antianal)	
Tective date, if other than th an effective date is listed, the date in ote: If the date inserted in this becument's effective date on the l	block does not meet the ap	plicable statutory filin	ore than 90 days after filing.) ! g requirements, this date w	tursuant to 605.0207 (. ill not be listed as tl
record specifies a delayed effecti is filed.	ve date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b) The	90th day after the
JUNE 23	2021			
(1/11)				

Filing Fee: \$25.00

Typed or printed name of signee