121000033392

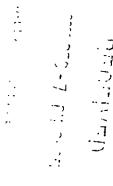
(F	Requestor's Name)
(<i>f</i>	Address)
(<i>K</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
J)	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer.

Office Use Only



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2021 ECC -7 AM 8: 00



Y SULKER DEC 0 8 2021 FLÖRIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:_____

PLEASE USE FUNDS FROM ACCT : 1202100	000160 AMOUNT: \$60.00
AUTHORIZATION SIGNATURE: L210000333	<u>s Pilll</u> 392
Business name	Document #
X Certified copy of Articles of Organization X Certificate of Status	on Pick up time Will wait
NEW FILINGS	<u>AMMENDMENTS</u>
ProfitNot for ProfitLimited LiabilityDomesticationOtherCORP	X_ AmendmentResignation of R.A.
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filingLimited Partnership
Fictitious Name	Reinstatement
APOSTIL () Country	Other

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

eubiect.		TS MKT, LLC	
SUBJECT:		ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		JAKE KUBILIUN	
		Name of Person	1077 L. L. J. J. B.
	т	THE SPORTS MKT, LLC	
		Firm/Company	
	332 P	OINCIANA ISLAND DRIVE	
		Address	
SUNNY ISLES BEACH, FL 33160			
		City/State and Zip Code	
	-	ke@thesportsmkt.com	
	E-mail address: (to be used for future annual report	notification)
For further information of	oncerning this matter, please ca	all:	
JAKE KUBILIUN		305 494-9	
Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 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 Addres Registration		<u>Street Address</u> Registration	
Division of C		Division of O	Corporations
P.O. Box 632	27	The Centre of	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE SP	ORTS MKT, LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our recordinited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Com	pany were filed on 01/15/2021	and assigned
Florida document number 1.21000033392		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
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 ADDRES	<u></u>	
	N/A	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		2:
muning dadress MAI BEAT TOOL OFFICE BOAY	N/A	12
B. If amending the registered agent and/or registered of	ffice address on our records, enter	the name of the new registe
igent and/or the new registered office address here:		E E
Name of New Registered Agent:		<u> </u>
Num Danietował (VCI na Addrono)		m '-
New Registered Office Address:	Enter Florida street addres.	
	Flo	o rida
	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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
AMBR	JAKE KUBILIUN	332 POINCIANA ISLAND DRIVE	
		SUNNY ISLES BEACH, FL 33160	≣ Remove
			□ Change
AMBR	EVAN MCKENDRY	294 SW 180TH AVENUE	□Add
		PEMBROKE PINES, FL 33029	■Remove
			□Change
MGR	JJK ENTERPRISE HOLDINGS, LLC	332 POINCIANA ISLAND DRIVE	B Add
		SUNNY ISLES BEACH, FL 33160	
			□ Change
MGR	MCK ENTERPRISE HOLDINGS, LLC	294 SW 180TH AVENUE	■ Add
		PEMBROKE PINES, FL 33029	□ Remove
			Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
he recor	d 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 led.
Dated	DECEMBER 2 Signature of a mymber or suphorized representative of a member
	JAKE KUBILIUN O.B.O. JJK ENTERPRISE HOLDINGS, LLC Typed or printed name of signee

.

Filing Fee: \$25.00