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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Poise Athletics Name of Limited	Liability Company
The enclosed Articles of Amendment and fee(s) are submitt	ad far filing
The enclosed Afficies of Affichament and teers) are submitt	et to ming.
Please return all correspondence concerning this matter to the	ne following:
<u>Rosetta Kei</u> <u>Poise Athle</u>	Same of Person
	Firm/Company
19046 Bru	ce B. Downs Blyd
~	n Pa J F L 33647 ity/State and Zip Code
Paiseathletics	COOGMON COM Tused for fitting annual report notification)
For further information concerning this matter, please call:	
Rosetta Keny Name of Person	at (813) 405 - 3867 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
12 \$25,00 Filing Fee S \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & □ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327 The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9	·
Poise Athletics L (Name of the Limited Liability Compa (A Florida Limited L	21 HAY 26 AH 9: 48 In as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000048</u> 40	were filed on $03/10/202$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	19046 Bruce B. Down Bird + 1498 Tampa F1 33047
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registered</u>

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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 tiled 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.

City

Enter Florida street address

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MIGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	<u>Address</u>	21 MAY 26 AM 9: 48	Type of Action
				□Remove
				□Change
			□Add	
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			□Change	
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	<i>)</i>
Amending all Personal Addresses	Shain
Lo Public. All Addresses Shown	
13225 Key Large RD, Bldg 11 Tam	
33617 Should be Changed to	
19046 Bruce B. Downs Blvd. # 149	Q
Tampa, FL 33647.	
	, so
	<u> </u>
	3.1.50
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The d is filed.	90th day after the
Dated 05 10 12021.	
Roya Har Vara	
Signature of a member or authorized representative of a member	
Rusolta Kona	

Typed or printed name of signee