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T. MATTHEWS FEB - 2 2022

COVER LETTER

TO:

TO:	Registration Sec Division of Corp				
			HLETICS LLC		
SUBJE	CT:	Name of Limit	ed Liability Company		_
The end	closed Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please	return all correspor	ndence concerning this matter t	o the following:		
		LOVETTE DOBSON			
			Name of Person		
			Firm/Company		_ _
		17350 STATE HWY 249 S	TE 220 Address		
		HOUSTON, TX 77064	, reaction		
		EFILE1234@INCFILE.CO	City/State and Zip Code M o be used for future annual		
For fur	rther information co	E-mail address: (to oncerning this matter, please ca		report notification)	
LOVE	ETTE DOBSON		1 888	3-462-3453 	
	Name o	t Person	Area Code	Daytime Telephone No	amber
Enclos	sed is a check for th	ne following amount:			
≡ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end	Cer closed) Cer	.00 Filing Fee, rtificate of Status & rtified Copy litional copy is enclosed)
	Mailing Address Registration 1 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Divisio The Ce	ddress: ation Section on of Corporations entre of Tallahassee I. Monroe Street, Su	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BPJ ATHLE	TICS LLC	1111 27 711 9: 13
(Name of the Limited Liability Compan (A Florida Limited Li		ords.)
The Articles of Organization for this Limited Liability Company vi Florida document number 02/23/2021	vere filed on <u>L21000088943</u>	and assigned
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	ty Company," the designation "L	LC" 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 a agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		, Florida
	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>	<u>Address</u>	Type of Action
AMBR	MAYTE HERNANDEZ	8930 SW 172ND AVE	
		MIAMI, FL 33196	
			☐ Change
			□Add
			□Remove
			Change
			Remove
			Change
			☐Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record 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 red is filed.								_ 		
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