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T. MATTHEWS NOV 10 2021

COVER LETTER

SUBJECT: OFN	J EXPESS Name of Limi	Ty an Sport Select Liability Company	rvices UC
	Amendment and fee(s) are subr	-	
Please return all correspor	ndence concerning this matter t	to the following:	
	Miyesho	Name of Person	<u>m</u>
	GEM EX	Firm/Company	vt Services LLC
	1057 innia	A LA	
	Kissimmee	e FI 34 150 City/State and Zip Code	7
	6M HUCK E-mail address: (t	o be used for future annual report no	MCUI CON
For further information co	ncerning this matter, please ca	ill:	
Miyeshal	Mccarthan Person	at (D) 7 7 7 7 Area Code Daytim	- 5 7
Enclosed is a check for the	e 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on 02/24/2021 Florida document number L21 () \(\cdot \cdot \) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited 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 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.

City

. Florida

or removed from our records: MGR = Manager 21 HC" -1 PH 3: 18 AMBR = Authorized Member Address Title Name Type of Action AMBR Myesha Mccarthan 105 Zinnaln Kissimmee Date AMBR berard Macaithan 105 Zimia Ln Kissimme and EL 34759 _____ Change _____ □Change ______ Change ____ __ __ __ Add _____ Change _____ 🗀 Add _____ □Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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	21
Note	tive date, if other than the date of filing:
he reco	ord 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 filed.
Date	10ct 2le . 2021.
	Myena Mcal- Signature of a member or authorized representative of a member
	Signature of a member of audiorized representative of a member

Filing Fee: \$25.00