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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
. (==, =================================
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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OF APR 19 PN 3: 22

T. MATTHEWS MAY 3 1 2022

COVER LETTER

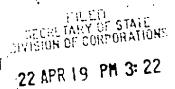
TO: Registration Se Division of Cor		, .	•
SUBJECT: 37	ATHLE 7 1C Name of Lim	SFORTS	
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	•
	DEAU	Name of Person	
		,	
	<u> </u>	Athletic Sport	<u>'S</u>
	100 PV (CONTENNY FRWY	pft tot
		15 An U FL 37 City/State and Zip Code	
	E-mail address: (EAU JA & YA 400. To be used for future annual report notif	Cory
For further information co	oncerning this matter, please ca		
DEAUDIA	DIX	at (<u>9%)</u> 230. Area Code Dayting	-6179
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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

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



35) A+HLEFIC	Sports IIC	
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our recomited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com	npany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability 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 ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	hace
	City	Florida 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 Title Name Type of Action **Address** MGR DEAUDIA Din MALCIET 12 (QUILL 32953 _____ Remove _____ □Change □Remove

_____ □Remove

If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
······	
Note: If t	date, if other than the date of filing:
he record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Apr:1 15th, 2022.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00