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| (Requestor's Name) |
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| (Address) |
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| (ON)/ONLINE IN THE IN |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

| Divis | ion of Corpo | orations | | | | | |
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| Ç | Stadium Spot | ts Apparel, LLC | | | | | |
| SUBJECT: _ | | Name of Limite | ed Liability Company | | | | |
| The enclosed | Articles of A | mendment and fee(s) are subm | nitted for filing. | | | | |
| Please return a | all correspon | dence concerning this matter to | the following: | | | | |
| | | Christine S. Cook, Esq. | | | | | |
| | | | Name of Person | | | | |
| | | Christine Sue Cook, LLC | | | | | |
| | | | Firm/Company | | | | |
| | | 1417 W. Garden St. | | | | | |
| | | | Address | | | | |
| | | Pensacola, FL 32502 | | | | | |
| | | | City/State and Zip C | nde | | | |
| | | christine@christinesuecook. | com o be used for future an | nual report notific | ation) | | |
| | | | | tuar report in the | , | 257 | |
| For further in | formation co | ncerning this matter, please ca | 111. | | | · = | |
| Donald Laud | lerdale | | 541 at (| 760-0734) | | - (2) | • |
| | Name of | Person | Area Code | Daytime T | Telephone Number | > | ٠. |
| Enclosed is a | check for th | e following amount: | | | | . 11: 2น | Ĵ |
| | | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Certified Cop (additional copy) | y | Certified C | ng Fee. of Status & | |
| Reg Div | iling Addres gistration S vision of C) Box 632 | Section orporations | Reg Div | et Address: histration Sect hision of Corperce Centre of Ta | orations | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| on our records.) | |
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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> | Name | Address | Type of Action |
|--------------|-----------------|-----------------------|----------------|
| AMBR | Brandon Simpson | 2065 Bella Breeze Ct. | □Add |
| | | Navarre, FL 32566 | ≣Remove |
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| ective date, if other than the date of filing: | (optional) |
| effective date is listed, the date must be specific and cannot be prior to date of e: If the date inserted in this block does not meet the applicable state ument's effective date on the Department of State's records. | utory filing requirements, this date will not be listed |
| cord specifies a delayed effective date, but not an effective time, at 12 ifiled. | 2:01 a.m. on the earlier of: (b) The 90th day after t |
| ed June 23 | 7 |
| | |
| Signature of a member or authorized repr | resentative of a member |

Filing Fee: \$25.00