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(Re	questor's Name)	
(Ad	dress)	
— (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	ļ
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COVER LETTER

TO:

Registration Section

Divis	ion of Cor	rporations					
SUBJECT: _	ABA F	OR COLLEGE ATHLETES, I	LC				
SUBJECT: _		Name of Lir	nited Liability Company				
The enclosed i	Articles of	Amendment and fee(s) are sul-	omitted for filing.				
Please return a	ill correspo	ondence concerning this matter	to the following:				
		William D. King					
			Name of Person	***			
		ACCOUNTANTS FOR C	COLLEGE ATHLETES, LLC				
			Firm/Company		(3 5 3		
		2631A NW 41st Street			621 J		
			Address	·			
		Gainesville, FL 32606		; ; ;	· · · · · · · · · · · · · · · · · · ·		
		bking@aha-advisors.com	City/State and Zip Code		#		
			to be used for future annual report no	tification)	00		
For further infe	ormation c	oncerning this matter, please c	all:				
Ryan King			352 219 - 535 at ()	1			
7	Name o	f Person	Area Code Dayti	me Telephone Number			
Enclosed is a c	heck for th	ne following amount:					
■ \$25,00 Fili	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &		
Regis	n <u>e Addres</u> stration S	Section	Street Address: Registration Se				
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee					
		FL 32314		oe Street, Suite 810)		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

r,	BA FOR COLLEG	GE ATHLETES, LLC	•	
(Name of the Limi	ted Liability Compa (A Florida Limited	inv as it now appears (Liability Company)	on our records.)	-11
he Articles of Organization for this Limited Liability Company were filed on			05/17/21	and assigned
Florida document number)4 			
his amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here	;	
ACCOUNTANTS FOR COLLEGE ATHLETES,	LLC			
he new name must be distinguishable and contain the v	ords "Limited Liabi	lity Company," the desi	gnation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		·
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	921
				-2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	() (45)	₽
			Elo,	15
				08
3. If amending the registered agent and/or r gent and/or the new registered office address	egistered office :	address on our reco	ords, enter the nan	ne of the new regis
gent and/of the new registered office address	ss nere.			
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida	street address	
			, Florida	
		Cin		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 ∃Add □Remove _ 🗆 Change ∏Add _□Remove 22 SE Change ίĎ **⊆**□Remove □ Change □Add _____ □Remove ____ □Change □Remove □ Change **□**Remove

____ □Change

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fective date, if other the n effective date is listed, the c ote: If the date inserted in	late must be specifi	c and cannot be	prior to date of	filing or more that	n 90 days afte	r filing.) Pr is date wi	ursuant to (If not be !	505.020 fisted a
cument's effective date or				aren's come requ				
ecord specifies a delayed on is filed.	effective date, bu	t not an effect	tive time, at 1	2:01 a.m. on the	earlier of: (h) The 9	0th day a	tter the
is med.								
nedJUNE 1		202						
	William Signature	N	<u>с</u>					
	William	U.K	ne				. <u>. </u>	
	Signature	of a member of	r authorized rep	resentative of a m	ember			