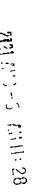
KZ1000281689

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COVER LETTER

Registration Section

Division of Corporations

TO:

KABADD SUBJECT:	I NORTH AMERICA PRO LE	AGUE, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JAGMOHAN VIROJA DI	3		
		Name of Person		
				٠.
		Firm/Company		
	9542 SHEPARD PLACE			
		Address	 -	
	WELLINGTON, FLORID	A 33414		
		City/State and Zip Code		
	KABADDINORTHAMERI	ICA@GMAIL.COM to be used for future annual report notif	teation)	
		•		
For further information of	concerning this matter, please co	all:		
JEFFERSON MILLER		954 200-3807 at ()		
Name o	of Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for t	he 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 enclo	
Mailing Addre Registration Division of O P.O. Box 632 Tallahassec,	Section Corporations 27	Street Address: Registration Second Division of Core The Centre of Total 2415 N. Monroe Tallahassee, FL	porations allahassee c Street, Suite 810	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

KABADDI NORTH AMERICA PRO LEAGUE, LLC

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
ne Articles of Organization for this Limited Liability Compart orida document number L21000281689	ny were filed on JUNE 17, 2021	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lis	ability company here:	
ne new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		rat)
		1940 1940 1941 1941 1941
nter new mailing address, if applicable:		<u>, 1</u>
Mailing address MAY BE A POST OFFICE BOX)		**************************************
	<u> </u>	1/2
	11	€D.
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, enter the	name of the new regi
ent and of the new register of the second		
Name of New Registered Agent:		
	Enter Florida street address	<u> </u>
New Registered Office Address:	Enter r tortaa street aaaress	
New Registered Office Address:	Emer Piorida street dadress	

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	JEFFERSON MILLER	250 W SAMPLE ROAD	□Add
		APT A125	□Remove
		POMPANO BEACH, FL 33064	= Change
			□Add
			□Remove
			□Change
			- E Add
			_
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			□ Remove
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			Remove
			□ Change

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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable statument's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.02 atory filing requirements, this date will not be listed
ord specifies a delayed effective date, but not an effective time, at 12 filed.	2:01 a.m. on the earlier of: (b) The 90th day after the
d	
Signature of a member or authorized rep	

Filing Fee: \$25.00