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#### **COVER LETTER**

	gistration S vision of Co	orporations		•		
SUBJECT:	WORLD	EXTREME SPORTS & TRAIS	NING LLC	·		
John Lett.		Name of Lin	nited Liability Company			
The enclosed	d Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return	n all corresp	ondence concerning this matte	r to the following:			
	GABRIEL WEST					
Name of Person						
WORLD EXTREME SPORTS & TRAINING LLC						
			Firm/Company			
	4521 SUNRISE DRIVE					
	Address					
PACE, FL 32571						
		<del></del>	City/State and Zip Code			
		gabewest37@yahoo.com				
For further in	iformation c	E-mail address: ( concerning this matter, please c	to be used for future annual report not	fication)		
		oneering this matter, piease e				
gabriel west			770 827-0770 at () _			
	Name o	f Person	at () Area Code Daytin	e Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ing Addres		Street Address:			
Registration Section Division of Corporations		Registration Sec Division of Cor				
P.O.	. Box 632	7	The Centre of T			
Tall	ahassee, F	FL 32314	2415 N. Monroe	e Street Suite 810		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### WORLD EXTREME SPORTS & TRAINING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/20/21 \_ and assigned Florida document number 121000330402 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WORLD EXTREME STUNTS & TUMBLING LLC 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.

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>	Address	Type of Action
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			Remove
			□Change
			□ Add
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cord s filed	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 ed.	th day after the
	And 19 2029	
ed	Oct 19 2092	
ed	Signature of a member or authorized representative of a member	_