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TO:		istration Sec sion of Corp		, .	i,	·
		HOOPSTUD	DY ACADEMY LLC	,		•
SUBJE	CT:		Name of Lim	ited Liability Company		
			mendment and fee(s) are sub-	-		
			DONALD SACKMANN	-		
				Name of Person		
			HOOPSTUDY ACADEM	Y LLC		
				Firm/Company		
			1730 LARAMIE ST			
				Address		
			SARASOTA, FL 34231			
				City/State and Zip Code		
			JESSE@JDCPAPC.COM E-mail address: (to be used for future annual	report notification)	_
For furt	her in	formation co	ncerning this matter, please ca	all:		
JESSE	DOU	GHTY, СРА			6-8112 X.6	
		Name of	Person	at () Arca Code	Daytime Telepho	one Number
Enclose	d is a	check for the	following amount:			
□ \$25	5.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg	ling Address:	ection		ation Section	
		ision of Co . Box 6327			n of Corporatio ntre of Tallahas	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOOPSTUDY ACADEMY LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number 1.21000352231	y were filed on 8/03/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
HOOPSTUDY LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "	
Enter new principal offices address, if applicable:		SEC. 15
Principal office address MUST BE A STREET ADDRESS)		
		12 GD 1
		in armen
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, en	iter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, Florida
	City	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
 :			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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an effe ote:	ve date, if other than the date of filing:
record is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated _	December 21, 2023. Signature of a member or authorized representative of a member
	<i>y</i> / /
	Janel Sacknow
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00