121000423900

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400375813254

11/05/21--01011--006 ##25.00

2021 NOY -5 AM 9: 57

3

C. BRUMBLEY

COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: PRO	FESSIONAL Name of Lin	ATHLETIC (Development L
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing,	
Please return all correspo	ndence concerning this matter	to the following:	
	_ Kevin	Name of Person	
	PROFESS	SINAL ATTLET, C	L DEVELOPMENT
	100 FAIR	NAY PARK BLUC	UNIT 100Z
		BEACH, FLORIDA City/State and Zip Code	
	KEVINVISSE E-mail address: (R1 c Gmail CO	fication)
For further information co	oncerning this matter, please ca	all:	
KEVIN VIS	Person	at (704) 661 Area Code Daytim	· O452 e Telephone Number
Enclosed is a check for th	e 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 enclosed)
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Sec	ction
Division of Co P.O. Box 632		Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on SEPT. 27, 2021 and assigned Florida document number <u>L21000 423900</u>

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited I	liability Company," the design	ation "LLC" or the abbreviation "I	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
			5
	-		<u>it</u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	1	100 cg = 18	
		Por G	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our recor	5	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our recor	5	
agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our recor	5	
agent and/or the new registered office address here:	ice address on our record	ds, enter the name of the ne	
agent and/or the new registered office address here: Name of New Registered Agent:		ds, enter the name of the ne	

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, <u>Signatu</u>	re 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
PANAGER	KEVIN DAVID VISSE	PONTE VEDRA BEACH, FLORID	100Z MAdd
			□Remove
			□Change
			□Adđ
			□Remove
			□Change
			🗆 Add
			Remove
		-	🗆 Change
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			□ Change
		 .	□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change

***			 .			
			-		- <u>., </u>	
		· .	 -			
						
				· · · · · · · · · · · · · · · · · · ·	****	
		-	<u>.</u>			·
*			<u>.</u>			
	<u>_</u>					<u> </u>
						
				·		
		<u> </u>		·	-	
						
	<u>. </u>					
						
	-				_	
THE CALL	other than the d listed, the date must be inserted in this blocative date on the Dep	w acce nor me	ст тос абопсаби	late of filing or more t e statutory filing re	(option: han 90 days after till quirements, this d	al) ing.) Pursuant to 605.020 ate will not be listed a
record specifies lis filed.	a delayed effective	date, but not ar	n effective time.	at 12:01 a.m. on th	ne earlier of: (b)	The 90th day after the
ated NDV	ember ?	<u>}</u> .	2021			
			M	d representative of a		
	.21	gnature of a me	umer or authorize	a representative of a	memner	

1 4 1 4

Filing Fee: \$25.00