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SUBJECT:	Maple Atho	とも、C S ited Liability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Jeel Maple Name of Person	
		Manle Atheti	<u>c</u> <u>s</u>
		Firm/Company	
		40533 East 18+	AVE
		Address	
		Umatilla, Fla 3 City/State and Zip Code	32784
	E-mail address: (bey 352 o cma. 1.	ification)
For further information con	ncerning this matter, please ea	all:	
Jeel	My ple	at (352) 630 Area Code Daytin	>-9851
Name of I	Person 1	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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 Se		<u>Street Address:</u> Registration Se	ection
Division of Co	rporations	Division of Co	rporations
D () Day 6227	•	The Centre of	Fallahaccee

P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Maple A-Ine-	tics	LLC	2022 MAY 18 PM 12: 14
Man C A We- (Name of the Nimited Liability Company (A Florida Limited Liability Company we) Florida document number	as it now appe bility Company	ars on our records.)	SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company w	ere filed on _	Apr:1 17	and assigned
Florida document number <u>L 2 1 000 45 87 64</u>		1	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company !	here:	
Maple Athletics LLC The new name must be distinguishable and contain the words "Limited Liability	Company," the	designation "LLC" c	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 adeagent and/or the new registered office address here:	iress on our	records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:	·-		
New Registered Office Address:	p- p-		
	Enter Florida street address		
	City	, Flori	i da
New Registered Agent's Signature, if changing Registered Agent:	ciù		zg com
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe			

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 ad 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
			DChange
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an effective	late, if other than the date is listed, the date in date in this date in this	must be specific and	d cannot be prior	to date of filing or able statutory fi	more than 90 days	after filing.) P	ursuant to 605.	.0207 (ad as t
	s effective date on the				5			
-	ecifies a delayed effe	ctive date, but no	t an effective ti	me, at 12:01 a.n	i, on the earlier of	f: (b) The 9	90th day after	the
is filed.								
ated	April 17	th 2022	٠	·				
		7.	Iment	Ge Carlotte				
-		Signature of a	member or author	orized representati	ve of a member			
		U						
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