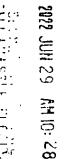
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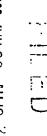
| (Re | questor's Name) | |
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| | 10 | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| | | |
| (Do | cument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: PAM SPORTS Name of L | imited Liability Company |
| | |
| The enclosed Articles of Amendment and fee(s) are so | ubmitted for filing. |
| Please return all correspondence concerning this matter | er to the following: |
| Mich | Name of Person |
| Pansp | Firm/Company |
| <u>41715</u> | SW 135 th AUP, Address |
| <u>lavie</u> | City/State and Zip Code |
| | ORINAN AMUNICAL COM (to be used for future annual report notification) |
| For further information concerning this matter, please | call: |
| Michael Silvestri Name of Person | at (954) 9/8-24-79 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| ☐ \$25.00 Filing Fee | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section | Street Address: Registration Section |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



| Pam Spa | TS Cons | SULTIMG, | LL(, | 2022 JUH 29 | AH 10: ∠8 |
|---|------------------------------------|--|-----------------------|--|--------------|
| (Name of the Limited Li (A FI | ability Compan orida Limited Li | y as it now appears of ability Company) | our records.) | ALLANAS L | 2.11443; |
| The Articles of Organization for this Limited Liabili Florida document number $200046/53$ | ty Company v 3 <u>2</u> . | vere filed on <u>O</u> C | r. 25, 20. | O/and ass | igned |
| This amendment is submitted to amend the following | g: | | | | |
| A. If amending name, enter the new name of the | limited liabil | ity company here: | | | |
| The new name must be distinguishable and contain the words | "Limited Liabili | ty Company," the desig | nation "LLC" or | the abbreviation "L. | L.C." |
| Enter new principal offices address, if applicables | : | | | ······································ | |
| (Principal office address MUST BE A STREET AL | DDRESS) | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX | 2 | | | | |
| | | | | | |
| B. If amending the registered agent and/or regist agent and/or the new registered office address he | | ddress on our reco | rds, <u>enter the</u> | name of the nev | v registered |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | · · · . | |
| | | Enter Florida | street address | | |
| <u> </u> | | | , Florid | | |
| | | 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 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 | PATRICK O'LOUGHLIN | 2632 NE 27th AUP | □Add |
| | | 2632 NE 27th AUR FT. Lawner MIR, F1. 33306 | Remove |
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| fective | date, if other tha | ite must be speci this block does | fic and cannot be not meet the | e prior to date of fil applicable statuto | ing or more than 9 | days after filing.) | Pursuant to 605.020 will not be listed a |
| m effectiv ote: If t | 's effective date on | | | | | | |
| in effective te: If the cument of the cument | 's effective date on becifics a delayed ef | ffective date, b | ut not an effec | tive time, at 12:0 | I a.m. on the ea | rlier of: (b) The | e 90th day after the |
| n effection of the comment of the co | 's effective date on | _j y | | | I a.m. on the ea | rlier of: (b) The | 2 90th day after the |
| an effectiv ote: If t ocument | 's effective date on pecifies a delayed ef | Ó | <u>, 20,</u> | | A | | 2 90th day after the |