L22000/00026

| (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



200399674332

01/05/23--01012--013 **55.00

RECEIVED

123 JAN -5 PH 2: 5

A EU : 1 JAN = 6 2123



CORPORATE ACCESS, ____

When you need ACCESS to the world

| T' | N | \boldsymbol{C} | |
|----|---|------------------|--|
| | | • | |

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

| | | V | VALK IN | | | |
|--|--|---------------|------------|-------------|-------------|--|
| | PICK | UP: | MISTY 1/05 | | | |
| X | X CERTIFIED COPY | | | | | |
| | PHOTOCOPY | | | | | |
| | CUS | | | | | |
| X | X FILING | LLC | AMEND | · | | |
| 2. 3. 4. 5. | (CORPORATE NAME AND DOCUM) (CORPORATE NAME AND DOCUM) (CORPORATE NAME AND DOCUM) | ENT #) ENT #) | RISES, LLC | | | |
| | (CORPORATE NAME AND DOCUME | ENT#) | | | | |
| 6. | (CORPORATE NAME AND DOCUM | ENT#) | .,, | | | |
| SPECI INSTR | AL SUCTIONS: | | | | | |
| | . | | | | | |

COVER LETTER

| | tion Section of Corporations | | |
|-----------------------|---|--|---|
| SHA SUBJECT: | AMROCK SPORTS ENTERPRISE | ES, LLC | |
| SUBJECT | Name of | Limited Liability Company | |
| | cles of Amendment and fee(s) are | - | |
| riease return all c | orrespondence concerning this ma | itter to the following: | |
| | Rebecca Sandfrey | | |
| | | Name of Person | |
| | K&L Gates LLP | | |
| | • | Firm/Company | |
| | 501 Commerce Street, | Suite 1500 | |
| | | Address | |
| | Nashville, TN 37203 | | |
| | rebecca.sandfrey@klgat | City/State and Zip Code | |
| | | ss: (to be used for future annual report notification) | |
| For further inform | ation concerning this matter, pleas | se call: | |
| Rebecca Sandfrey | , | 615 780-6772 at () | |
| | Name of Person | Area Code Daytime Telephone N | umber |
| Enclosed is a chec | k for the following amount: | | |
| □ \$25.00 Filing | Fee S30.00 Filing Fee & Certificate of Status | Certified Copy Cer (additional copy is enclosed) Cer | 00 Filing Fee, tificate of Status & tified Copy litional copy is enclosed) |
| Mailing A Registra | Address: ttion Section | Street Address: Registration Section | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**



SHAMROCK SPORTS ENTERPRISES, LLC

2023 JAH -5 AN 10: 43 (Name of the Limited Liability Company as it now appears on our records.)

| | (A Florida Limited Liability Comp | any) | |
|---|--|--------------------------------------|----------------------------------|
| The Articles of Organization for this Limited | Liability Company were filed o | on_01/28/2022 | and assigned |
| Florida document number L22000060026 | | | • |
| This amendment is submitted to amend the fo | llowing: | | |
| A. If amending name, enter the new name | of the limited liability compa | ny here: | |
| JAX USL, LLC | - | | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," | the designation "LI | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | icable: | | |
| (Principal office address MUST BE A STRE | ET ADDBECC | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | |
| | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent: | Richard A. Caplin | ur recoras, <u>ente</u> | r the name of the new registered |
| New Registered Office Address: | 6440 Southpoint Parkway St | e. 300 | |
| New Registered Office Address. | | r Florida street addr | |
| | Jacksonville | , F | Tlorida 32216 Zip Code |
| | City | | Zip Code |
| New Registered Agent's Signature, if changing | Registered Agent: | | |
| I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this | oer and complete performanc istered agent as provided for registered office address, I h | e of my duties, c in Chapter 605, | and I am familiar with and |
| | DocuSigned by: | 1. | |
| | Richard A. Capl | | <u></u> |
| | ii Changing Registere | d Agent, <u>Signature</u> | 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> | <u>Address</u> | Type of Action |
|--------------|---------------------------------------|-------------------------|----------------|
| MGR | CAPLIN FAMILY OFFICE HOLDINGS, LLC | 6440 SOUTHPOINT PARKWAY | |
| | | SUITE 300 | ■Remove |
| | | JACKSONVILLE, FL 32216 | □Change |
| MGR | Richard A. Caplin | 6440 SOUTHPOINT PARKWAY | Add |
| | | SUITE 300 | □Remove |
| | | JACKSONVILLE, FL 32216 | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| | _ | | | | - | | |
|---|------------------------------------|-------------------------------------|--|--|--|----------------------|---------------|
| | | | | | ********* | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | <u> </u> | | | | | | |
| | | | | - | | | |
| | | | | | | | |
| | <u></u> | | <u>-</u> . | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| - | | | | | | | |
| | | | | | | | |
| • | | | | | | | |
| | | | | | | | |
| ective date, if other than the effective date is listed, the date made. If the date inserted in this cument's effective date on the | ust be specitic a block does no | and cannot be pri t meet the app | ior to date of filin licable statutor | g or more than 90 v filing requirer | (optional days after filin nents, this dat | g.) Pursuant to 605. | 0207 ed as |
| cord specifies a delayed effect s filed. | ive date, but r | not an effective | e time, at 12:01 | a.m. on the ear | lier of: (b) T | he 90th day after | the |
| ed January 4 Docusigned by: Richard I. Caplin DODE3305F8B046B | | 2023 | | | | | |
| <u></u> | T= 1. | - ' | - | | | | |
| DocuSigned by: | | | | ntative of a memb | | | |

Filing Fee: \$25.00