

L22 000 168 267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

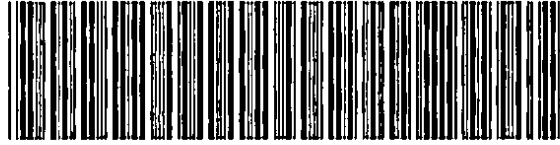
Certificates of Status _____

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STATE OF ARIZONA
DEPARTMENT OF REVENUE

2022 NOV -1 AM 10:21

FILED

COVER LETTER

Registration Section
Division of Corporations

OBJECT: SportZ Depot LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nina Burtram
Name of Person
SportZ Depot
Firm/Company
1001 Riverside Dr Suite D
Address
Palmetto FL 34221
City/State and Zip Code
burtramnina@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nina Burtram at (661) 246 7778
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

removed from our records:

R = Manager
BR = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
INC AUTHORITY RA	390 NORTH ORANGE AVE., STE 2300-N, FL 32801	<input type="checkbox"/> Add
	ORLANDO FL 32801	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
James Burtram	6520 49th Ct E Ellenton FL 34222	<input checked="" type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
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amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

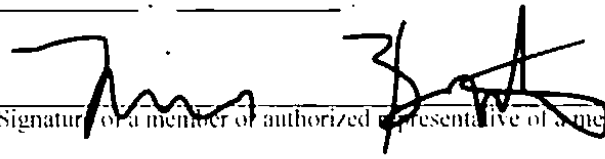
Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Record 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 document is filed.

October 22nd 2022



Signature of a member or authorized representative of a member

Nina Burtram

Typed or printed name of signee