## 22000244789

(Re	equestor's Name)	
(Ac	ldress)	
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(C)	ty/State/Zip/Phone #	<u>,                                      </u>
(C)	ty/State/Zip/Prione #	,
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(Bu	isiness Entity Name	)
(Do	ocument Number)	
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SECRETARY OF STATE

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A. BUTLER
JUL 18 2022

, , ,				
	,	COVER LETTER	g <b>r</b>	
TO: Registration So Division of Cor		· ·	•	
STATx Sp	orts Medicine LLC			
SUBJECT: Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Shawn McDermott			
		Name of Person	<del></del>	
	STATx Sports Medicine	لاد		
		Firm/Company	<del></del>	
	8151 Ulmerton Rd			
		Address		
	Largo. FL 33771			
		City/State and Zip Code		
	shawnm@statperformand		<del></del>	
		to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please ca	all:		
Shawn McDermott		727 6418987		
Name o	f Person		Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 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 Addres	_	Street Address:		
Registration Section		Registration Sec		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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STATx Sports Medicine LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/26/2022 and assigned Florida document number L22000244789 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: STATx Sports Performance LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) P.O. Box 1414 Enter new mailing address, if applicable: Tarpon Springs FL 34689 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida <u>\_\_</u> City 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 Changing Registered Agent, Signature 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 = MAMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
	<u> </u>		□Add
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			Change
			🗀 Add
			□Remove

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	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	ctive date, if other than the date of filing:
cord is	$\cdot$ /
Date	d 6/13/2022
	Signature of a member or authorized representative of a member
	Shawn McDermott  Typed or printed name of signee

Filing Fee: \$25.00