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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>ATHLET</u>	ES PARADISE, LLC Name of Lim	ited 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:	
	Corpor	ate Maintenance Lea	ad
	<u> </u>	Name of Person	<u> </u>
	Proc	essing Department	
		Firm/Company	
	1	l450 Vassar St	
		Address	
		Reno, NV 89502	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Process	ing Department	₃₁ , 800 , 638-2320	
	of Person	ar (: Telephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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ATHLETES PARADISE, LLC

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

TALLAHASSEE, FI

		TAMASSEE, F
The Articles of Organization for this Limited Liabili	ity Company were filed on 07/19/22	and assigned
Florida document number L22000320891		
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	·	
(Principal office address MUST BE A STREET AL	DDRESS)	
Carana de la constanta de la c		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or r	registered office address on our records	enter the name of the new
registered agent and/or the new registered office		the mane of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Flori	
	City	Zip Code
New Registered Agent's Signature, if changing Regis	stered 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Isaac Estrada	445 Calvert Road	Add
		Wauchula, FL 33873	
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			☐ Remove
			Change
			☐ Remove
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Effective	date, if other th	an the date o	f filing: N/	Α		(opti	ional)	
Note: If	the date inserted in	this block doe	s not meet the	applicable st				
documen	's effective date o	n the Departme	ent of State's i	records.				
ne recor	d specifies a d	elayed effec	tive date, l	out not an	effective tir	ne, at 12:01	a.m. on the	earlier o
The 9	Oth day after the	_	filed.					
	hilly S	26	20)22				
Dated L	JUIY Z				· /	1		
Dated <u></u>	July 2	10/2	mile	~	6 1/1/1	A		