## L22 000 400394

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2022 SEC 23 PM 12: 44

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	s Performance, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ben S Kennedy, JR Esq		
		Name of Person	
	<u> </u>	Firm/Company	<del></del>
	14 SE 4th Street suite 36		
		Address	<del></del>
	Boca Raton, Fl 33432		
	ben@bkennedylaw.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	ali:	
Ben Kennedy		561 405-3343 at ()	
Name	of Person	Area Code Daytim	e 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 Addre Registration		Street Address: Registration Sec	ction
	Corporations	Division of Cor	
P.O. Box 63		The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CJS Sports Performance

company has been notified in writing of this change.

(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  $\frac{9/13/2022}{1}$ and assigned Florida document number  $\frac{L22000400394}{L22000400394}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CJSport Performance, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 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

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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
		<del></del>	□Add
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			Remove
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	<del></del>		
		□ Remove	
			□ Change
			□Add
			□Remove
			□ Change

f amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
an effect: lote: If	date, if other than the date of filing:
record s I is filed	
ated	September 20, 2022
	Then I
	Signature of a member of authorized representative of a member  BENNEDYURES.

Filing Fee: \$25.00