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(Requestor's Name)		
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(Cit	y/State/Zip/Phon	е #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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2/17/23 V.LM 2022 DEC -6 AMII: 59 SECRETARY OF STATE

FILED

COVER LETTER

TO:		istration Sec sion of Corp			
CHD ICA		The Sports S			
SUBJEC	CI:			ited Liability Company	
The encl	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspor	ndence concerning this matter	to the following:	
			Sophia Y. Bigos		
				Name of Person	
			The Sports Spa, LLC		
Firm/Company					
13806 Felix Will Rd					
Address					
			Riverview, FL 33579		
			·	City/State and Zip Code	
			sportsmassagefl@gmail.cor	n to be used for future annual report notific.	adam)
For furth	ner in	formation co	ncerning this matter, please co	·	atten)
			g		
Sophia Y. Bigos Name of Person		Darwa	at ()	Celephone Number	
		Name of	rerson	Area Code Daytime T	elephone Number
Enclosed	d is a	check for the	e following amount:		
■ \$ 25.	.00 F	iling 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)
	Reg Div P.O	ling Address distration S dision of Co display Box 6327 dahassee, F	ection orporations 7	Street Address: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	orations lahassee Street, Suite 810

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

The Sports Spa, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our orida Limited Liability Company)	records.)
ne Articles of Organization for this Limited Liabilit orida document number 1.22000422490	y Company were filed on Septermbe	r 29, 2022 and assigned
nis amendment is submitted to amend the following	;;	
If amending name, enter the new name of the	imited liability company here:	
ptimus Sports Massage & Recovery, LLC		
ne new name must be distinguishable and contain the words "	Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	20
Principal office address MUST BE A STREET AD	DRESS)	\$500 T
		C
nter new mailing address, if applicable:	N/A	6 AR
Aailing address MAY BE A POST OFFICE BOX		변하 = 전기 :
		िल ७
If amending the registered agent and/or registerent and/or the new registered office address her Name of New Registered Agent: N/A	<u>e</u> :	enter the name of the new regis
New Registered Office Address:		
rew registered office Address.	Enter Florida stree	t address
		, Florida
	Ciţy	Zip Code
ew Registered Agent's Signature, if changing Regist	ered Agent:	

1

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>	Name	Address	Type of Action
			□Add
		·	□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□ Remove
			☐ Change
			□Add
			□Remove
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			□Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. 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)(h) 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. If the 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 record is filed. Dated December 2 2022 Signature of a member or authorized representative of a member Sophia Y. Bigos

Typed or printed name of signee