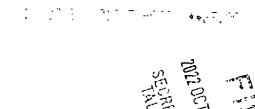


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COVER LETTER

Division of Cor	porations	•	r	
SUBJECT:	est Pasc.	o Sports /	Academy LL	\subset
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kiok	Phillips Name of Person		
	West PASCO	2 Sports AcA	demy LLC	
		MbA55yB/	Vod A	71
	Port Bu	City/Syde and Zip Code 3 at Gmail to be used for future annual report notified.	SECRETARIO SEE FLAT	
	WSPA D14	3 A Gmail. to be used for future annual report notice	COM THE S	القسيدية"
For further information c	oncerning this matter, please c		Lij +	
Gregory Nyme o	Phillips Merson	at (727) 236 Area Code Daytim	- 5907 e Telephone Number	
Enclosed is a check for th	ne following amount:			
X \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadamonal copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)	
Mailing Addres	s:	Street Address:		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on October 3 2021 and assigned Florida document number L22000 426.376 This amendment is submitted to amend the following: 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" or the abbreviation" LLC Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 6610 EMBASSY BI 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

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Kurt Kirbach	Port Richey FL 34668	(XAdd
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Filing Fee: \$25.00