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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusings Esthy Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	Golp Prodig.	y Media			
	Name of Limi	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:			
	Carlos	Diaz Name of Person		-	
	<u>sports</u>	Prodigy Media		-	
	3140 Laugh	ning Gull St Address		2024 NOV -8 SECRETARY TALLAHAS	•
	Winter Gar	den FL 34787 City/State and Zip Code		7.48.5 7.48.5 7.48.5	
	SportsPwdia E-mail address: N	41 Media annual report notifi	cation)	PM 1: 42	S Comment L
For further information c	concerning this matter, please ca	all:		₩ .	
Carlos D	1QZ of Person	at (40-) 717-6 Area Code Daytime	5252 Telephone Numbe	r	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
Mailing Addres		Street Address: Registration Sec	tion		
Division of C P.O. Box 632	Corporations	Division of Corp The Centre of Ta	oorations		
1 NO. 1708 OUA	- /				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Golf Prodian	Media
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200048\377</u> .	y were filed on $11/9/2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	oility company here:
Sports Prodigy Media 1	LC
The new name must be distinguishable and contain the words "Limited Liab	dity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9140 (aughing Gull St
(Principal office address MUST BE A STREET ADDRESS)	Winter Garden, FL 34787
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	1:42 57a/F
	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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
			□Add
			□Remove
			□Change
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		···	□Remove
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Effective date, if othe fan effective date is listed. Note: If the date inserted document's effective da	the date must be specific ed in this block does no	and cannot be prior of meet the applic	cable statutory fi	r more than 90 days	o ptional) after filing.) Pursua , this date will no	ant to 605.0207 of be listed as t
e record specifies a delay	yed effective date, but	not an effective t	ime, at 12:01 a.n	n. on the earlier o	f: (b) The 90th	day after the
		1				
Dated Octobel	131	2024	 -			
Dated Octobel		2024	orized representat	ive of a member		