12000073616

(Requestor's Name)
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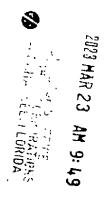
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	BNA Name of Limit	Sports, LLC ted Llability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
·	_	-	
	DARE	CELL TAYLO	2
		Name of Person	
		Firm/Company	
	7507 (2000) >
	23821	MAGUURE R	
	CO	City/State and Zip Code CORO BNA SPOR o be used for future annual report notif	161
	DTAV	Chyrsiane and rip code	TS OPG
	E-mail address: (t	o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	di:	
DARREU Name o	TAYLOR FPerson	at (813) 951 Area Code Daytime	- 8979 : Telephone Number
Enclosed is a check for the	ne 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2/9/2023 and assigned The Articles of Organization for this Limited Liability Company were filed on Florida document number L 23000073616 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 "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: 2582 MAGUIRE RD. 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.

7//

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
AMBR	DARRELL TAYLOR	2582 MAGWEE RD.	□Add
		CCOEE, FL 34761	□Remove
			Change
MGR	CRYSTAL TAYLOR	2582 MAGILIRE PD.	□Add
		OCOFE, FL 34761	
			□Change
			□Add
			□Remove
			□Change
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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 605.0. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	PL	EASE U	PDATE	DARR	ELL TAY	lur	TITLE
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MARCH 23 2023		fies a delayed effec	tive date, but not a	in effective time,	at 12:01 a.m. on the	earlier of: (b)	The 90th day after the
Dated MARCH 23 , 2023. Signature of a member or authorized representative of a member	Pated	DARCH)	23,	2023.	I representative of a mo	ember	