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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee

2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 3/11/2024

PRIORITY Regular Approval

OUR REF # (Order ID#), 1235412

ORDER ENTITY

SUNDAY MORNING HOOPS LLC

PLEASE PERFORM THE FOLLOWING SERVICES: SUNDAY MORNING HOOPS LLC (FL)

File the attached amendment and provide a certified copy.

NOTES:

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, March 11, 2024 Page 1 of 1

COVER LETTER

TO: Registration So Division of Cor						
Sunday Mo	orning LLC					
SUBJECT:	Name of Limit	ted Liability Company				
*						
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.				
Please return all correspo	ondence concerning this matter to	o the following:				
	Adam Pennington					
		Name of Person				
		Firm/Company				
	1285 Deer Haven Drive				197	
		Address				
	Loxahatchee, FL 33470				707411 R 1 1 AM 9: 16	
	116	City/State and Zip Code			A:	£.
	apennington44@yahoo.com E-mail address: (to) be used for future annual	report notification)	STA E, FI	<u>ب</u>	•
For further information c	oncerning this matter, please cal	II:		ញ	9	
Adam Pennington		914 at ()	557-9662			
Name o	f Person	Area Code	Daytime Telephone Nur	mber		
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 tadditional copy is ene	Certi	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration S	Section	-	ation Section			
Division of C	Corporations	Divisio	n 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, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunday Morning Hoops LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
he Articles of Organization for this Limited Liability Company v	were filed on $\frac{3/2/2023}{}$ and ass	igned
orida document number 1.23000096383		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabil	ity company here:	
unday Morning LLC		
ie new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.	L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
	, de 100	
nter new mailing address, if applicable:	\sim \sim	
Mailing address MAY BE A POST OFFICE BOX)		
Thing with Control of Tibe 1991	CAS STATE	-
		-
. If amending the registered agent and/or registered office ac gent and/or the new registered office address here:	Idress on our records, enter the name of the nev	regist
ent andror the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	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 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
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			Remove
			□Change
			
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ective date, if other than the date of filing:	<u> </u>	cer	(optio	nal)	
te: If the date inserted in this block does not meet the	applicable st	atutory filing r	equirements, this	date will r	uant to 605. not be liste
cument's effective date on the Department of State's re	ecords.				
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ed 2024	·				
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Signature of a member of	or authorized	enrecentative of	a member		

Filing Fee: \$25.00