L23000218258

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: MPF	ACT Sports Name of Limit	Brond (CC ited Liability Company	. <u> </u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Keri	HWEH-GIR	25
	Impact:	Sports brond	
	_3631 n	innesota D	rive
	Ken Jewer	City/State and Zip Code H 3 G G MC(1) to be used for future annual report noti	·CaM
For further information c	oncerning this matter, please ca	ıll:	
Kevi yeu	Detl-Giles (Person	at (239) 539 Area Code Daytim	- 6834 e Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

•	IMPACT SPORTS BRAND LLC	2024 🚉	:19 <u>/</u> :11:13
(Name of the Lin	nited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.	<u></u>
The Articles of Organization for this Limited Florida document number £23000218258	Liability Company were filed on	05/03/2023	and assigned
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the		signation "LLC" or the abbi	reviation "L.L.C."
(Principal office address MUST BE A STRE	EET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office adds	• •	cords, <u>enter the name</u>	of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da 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 Type of Action Title Name **Address** 770 CayCe Lane, Fortmyers
□Add
Florida, 33°€5 Remove □ Change □ Change \square Add □ Remove □ Change \square Add □Remove □Change \Box Add □Remove □ Change \square Add □Remove

□Change

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(If an eff	ive date, if other than the date of filing:
he recor ord is fi	d 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 led.
Dated	1/5/2024 LSC
	Signature of a member or authorized representative of a member
	Keri Jewett-Giles