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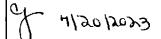


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2023 HAY 26 AM 7: 38

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COVER LETTER

		istration Se sion of Cor			
contra	~~.	ART SPOR	TS AGENCY, LLC		
SUBJEC	. I i		Name of Lin	nited Liability Company	-
The encle	osed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
			ndence concerning this matter		
			RICHARD C., WOLFE		
				Name of Person	_
			WOLFE LAW MIAMI		
				Firm/Company	
			175 SW 7TH STREET SU	JITE 2410	
				Address	
			MIAMI, FLORIDA 33130)	
				City/State and Zip Code	_
			AIMEE@WOLFELAWMI		
			E-mail address: ((to be used for future annual report notification)	•
For furthe	er in	formation co	oncerning this matter, please c	alt:	
AIMEE.	JIMI	ENEZ		305 384-7370 at ()	
		Name of	Person	Area Code Daytime Telephone Numb	er
Enclosed	is a	check for th	e following amount:		
■ \$25.0	00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy (at copy is enclosed)
		ing Address istration S		Street Address: Registration Section	
]	Div	ision of Co	orporations	Division of Corporations	
		. Box 632' ahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 HAY 26 AM 7: 38

ART SPORTS AGENCY LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan Florida document number <u>L23000250178</u>	y were filed on MAY 22, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	The Comment "the following and I C" or	the alcha minima of 1 C"
The new name must be distinguishable and comain the words. Elimited that	unity Company, the designation 1713 of	the aboreviation (L.E.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)		
		78 wilder - 1 - 1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Florid	2
	City	aZip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag- 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.	e performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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
MGRM	KONSTANTIN KUNTZ		🗆 Add
			= Remove
			□Change
MGRM	KONSTANTIN KUNTS	101 E. HALLANDALE BEACH BLVD	=Add
		HALLANDALE BEACH, FLORIDA 33009	□Remove
			[Change
			□Add
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			□Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing: (t) (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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record 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 ord is filed. Dated MAY 25 2023 May 25 2023			
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	100	Spenarure of a memory of authorized representative of a mem	ives
		Typed or printed name of signee	

Filing Fee: \$25.00