## L23000291417

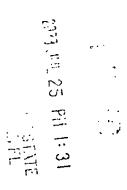
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: REAC	Sports Name of Lin	o MCCIA LLC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Poper I	Name of Person	
		Firm/Company	
	400 South	Dixie Hwy	Suite 12
	Hallonchle T Bobe (AB) E-mail address:	BOCK FL 33 City/State and Zip Code Charles Darwer to be used for future annual leport not	•
For further information co	oncerning this matter, please c	all:	
Pober Be	Person	at ( <u>78(j)</u> ) <u>5(o 9</u> Area Code Daytim	- COCO & TO SE
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Se Division of Cor The Centre of T	rporations
Tallahassee, F			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000291417</u> .	were filed on <u>06/16</u>	<b>∥ 7023</b> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
		<u> </u>
		-n
Enter new mailing address, if applicable:		(1)
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ddress
		, Florida
New Registered Agent's Signature, if changing Registered Agent:	•	Zip Code
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 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		Type of Action
MGR	Jeremy Fredland	917 Manatee Way	□Add
		917 Manatee Way Hollywood, FL 33019	Remove
			_ Change
			_ □Add
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	e date, if other than the date of ive date is listed, the date must be spe			tional) er filing.) Pursuant to 605.020
	the date inserted in this block do t's effective date on the Departm		tutory filing requirements, th	nis date will not be listed a
e record : rd is filed	specifies a delayed effective date, l.	but not an effective time, at 1	.2:01 a.m. on the earlier of: (	(b) The 90th day after the
				70
	1	7 0 - 7		122
Dated _	07/18	<u> </u>		- ( <u>-</u>
Dated _	07/18 MM17	12015.		(a)
Dated _	now	Blunc	presentative of a member	7023 UN 25
Dated _	now	13WW ure of a member or authorized re	presentative of a member	un 25 PH

Filing Fee: \$25.00