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## **COVER LETTER**

TO: Registration S Division of Co				
SUBJEÇT:	WON SPORTS, LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	RANDY MALESICK			
		Name of Person		
	DIVISION WON SPORT	S, LLC		
		Firm/Company		
	1916A OVERHILL DRIV	Е		
		Address		
	NASHVILLE, TN 37215			
		City/State and Zip Code		
	RANDY MALESICK@D1			
	E-mail address: (	to be used for future annual report notifica	tion)	
For further information	concerning this matter, please c	all:		
RANDY MALESICK		304 224-9766 at ()_		
Name	of Person	Area Code Daytime Te	elephone Number	
Enclosed is a check for t	the 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 Addre		Street Address: Registration Section	an	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 632	27	The Centre of Tall	ahassee	
Tallahassee.	FL 32314	2415 N. Monroe S	treet, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVISION WON SPORTS, LLC		2023 ECT 30 ATTI: 17
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record a Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability C Florida document number 1.23000468193	Company were filed on 10/11/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street addres.	e ·
	Flo	orida Zip Code
	5 7 <b>7</b>	

## 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 amending Authoria d 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	CAITLIN DEMAREST	1916A OVERHILL DRIVE	<b>=</b> Add
		NASHVILLE. TN 37215	□Remove
			□Change
			□Remove
			□ Change
			□Remove
			Change
			□Add
			□Remove
			□ Change
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and block does not t	d cannot be prio meet the appli	r to date of filing cable statutory		s after filing.) Pursuan	
If the record specifies a delayed effect record is filed.	ive date, but not	t an effective t	ime, at 12:01 a	.m. on the earlier	of: (b) The 90th da	iy after the
OCTOBER 25 Dated		2023				
Dated	$\overline{\mathcal{L}}$	,	<del></del> ·			
	fut.	M				
	Signature of a	member or auth	iorized represent	ative of a member		<del></del>

Typed or printed name of signee