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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GALLO'S ELITE ATHLETES PERMORMANCE, LLC

| Certificate of Status | 0 | |
|-----------------------|---------|--|
| Certified Copy | 0 | |
| Page Count | 04 | |
| Estimated Charge | \$25.00 | |



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K. Brumble)

ARTICLES OF AMENDMENT TO 🛦 OF

ARTICLES OF ORGANIZATION

| GALLO'S ELITE ATHLETES PERMORMA | • |
|--|--|
| (Name of the Limited Liability (A Florida) | y Company as it now appears on our records.) Limited Liability Company) |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 12/21/2023 and assigned |
| Florida document number L23000560546 | <u>_</u> |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limit | ted liability company here: |
| GALLO'S ELITE ATHLETES PERFORMANCE, LLC | |
| The new name must be distinguishable and contain the words "Limit | ted Liability Company," the designation "LLC" of the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| • | ESS) |
| Principal office address MUST BE A STREET ADDRI | <u>(533)</u> |
| · | |
| | umar . |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| 3. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, enter the name of the new regi |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street uddress |
| | Control of the contro |
| | 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.

.:

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Chance

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| <u>Title</u> | Name | Address | Type of Action |
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| fective date, if oth n effective date is listed te: If the date inser cument's effective d | er than the date of I, the date must be specified in this block does ate on the Department | filing: ic and cannot be prior to not meet the applica of State's records. | o date of filing or more than ble statutory filing requi | (optional) 190 days after fi ing.) Purements, this date will | irsuant to 605.020 I not be listed a |
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