L24000026350

(R€	equestor's Name)	-
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
		
Special Instructions to	Eiling Officer:	
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
GRAIN O	F SALT SPORTS LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.	
Please return all correspo	ondence concerning this matter	to the following:	•
	Robert M. Filler		
		Name of Person	
	Grain of Salt Sports LLC		
		Firm/Company	
	3668 Alan Dr.		
	-	Address	
	Titusville, FL 32780		
		City State and Zip Code	
	grainofsaltssports@gmail.c	om	
	E-mail address: (to be used for future annual report not	dication)
For further information of	concerning this matter, please e	all:	
Robert Filler		321 6074203 at ()	
Name (of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	urtion
Registration Section Division of Corporations		Registration Sc Division of Co	
P.O. Box 632	•	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAIN OF SALT SPORTS LLC		
(<u>Name of the Lim</u>	ited Liability Company as it now ap (A Florida Limited Eiability Compa	pears on our records.) ny)
ne Articles of Organization for this Limited	Liability Company were filed on	January 11, 2024 and assigned
orida document number £24000026350	·	
nis amendment is submitted to amend the fol	llowing:	
If amending name, enter the new name	of the limited liability compan	<u>y here</u> :
e new name must be distinguishable and contain the	words "Limited Liability Company," t	the designation "LLC" or the abbreviation; "L.L.C."
nter new principal offices address, if appli	cable:	
rincipal office address MUST BE A STRE	<u>ET ADDRESS)</u>	
nter new mailing address, if applicable:		1:2
failing address MAY BE A POST OFFICE	<u> </u>	21
		· · · · · · · · · · · · · · · · · · ·
If amending the registered agent and/or	ranktarad office address on a	un magazida, antan tha nama of the many mag
ent and/or the new registered office addr		n records, enter the name of the new reg
Name of New Registered Agent:	Robert M. Filler	
New Registered Office Address:	3668 Alan Dr	
residente o cine i ramess.	Enter	Florida street address
	Titusville	, Florida ³²⁷⁸⁰
	Cuy	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

<u>Titie</u>	Name	Address	Type of Action
MGR	KYLE D WAUGH	3668 Alan Dr.	
		Titusville, FL 3780	≣ Remove
			□Change
MGR Robert Filer	Robert Filer	3668 ALAN Dr	(Dxdd
		3668 ALAN Dr Titurille, FL 32780	□Remove
			□Change
			□Remove
			□Change
			□Add
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an effec lote: If	e date, if other than the date of filing: 7/1/2074 (optional) ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at t's effective date on the Department of State's records.
record : Lis filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the .
ated	1/11/2024 12:01cm
	Signature of a member or authorized representative of a member
	// Organists of a memory of authorized representative of a memory

Filing Fee: \$25.00