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COVER LETTER

TO: Registration Se Division of Co			
FAN SPOR	RTS LLC		
SUBJECT:	Name of Lin	nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KIMBERLY MARENCO		
		Name of Person	
	DIFALCO & FERNANDI	EZ, LLLP	••
		Firm/Company	•
	I ALHAMBRA PLAZA.	SUITE 1460	
		Address	
	CORAL GABLES, FL 33	134	
		City/State and Zip Code	
	KMARENCO@DFLLLP.C		$p_{i} = 0$
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	fication)
KIMBERLY MARENC		305 569-9800	
Name o	of Person	at () Area Code Daytim	e 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAN SPORTS LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number L24000036923	ere filed on JANUARY 18, 2025 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)	1 - 4
	· ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	— ·
	ω
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
MGR	RUY F. IVALDI RODRIGANEZ	2700 N MIAMI AVE.	⊟ Add
		APT 505	_
		MIAMI, FL 33127	□ Change
			□Add
			□Remove
			□Change
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			□Remove
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ective date, if other than the date of filing:	(optional)
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 603 applicable statutory filing requirements, this date will not be list
ument's effective date on the Department of State's r	ecords.
cord specifies a delayed effective date, but not an effe s filed.	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
.==.	
APRIL 26 2024	, .
The same of the sa	

Filing Fee: \$25.00