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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Probert Sports Management. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pro Serv Sports Management  Firm/Company  JODIS US Heigh  Address  Ft. Pierce FL  City/State and Zip Code  L 9 QUINCY (a) ICLORD, COM
For further information concerning this matter, please call:
Enclosed is a check for the following amount:    S25.00 Filing Fee   S30.00 Filing Fee & Certificate of Status   Certified Copy (additional copy is enclosed)   Certif

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT

TO	)	FILED.
ARTICLES OF O		24 FEB 19 4 11: 44
11000		Jenne a Front:
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our reliability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 240008188</u> 4	were filed on $\mathcal{O}(\mathcal{F}_{+})$	19,24 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil  The New name must be distinguishable and contain the words "Limited Liabil"	gement	LLC
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	N/A	ELC Of the aboreviation E.E.C.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>e</u>	enter the name of the new registere
Name of New Registered Agent:  New Registered Office Address:	<del></del>	

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.

City

Enter Florida street address

\_, Florida \_\_

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
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umem	s creetive date on the Department of State's records.
(* 1 2	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
.ed	02.19 2024
	Signature of a member or authorized representative of a member
	Menallife of a Member of authorized testrecentative of a strember

Filing Fee: \$25.00