## L24000147005

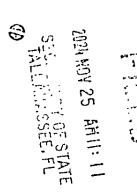
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: True Grit Female Flag Football L.L.C. 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:	
Jennifer Kisslinger Name of Person	
True Grit Female Flag Football L.L.C.	
6804 Portside Dr. Address	
Boca Raton FL. 33496  City/State and Zip Code  truggit female flag agray. com  E-mail address: (to boused for future annual report notification)	
For further information concerning this matter, please call:	
Jennifer Kisslinger at (917) 848-7780  Name of Person Daytime Telephone Number	
Enclosed is a check for the following amount:  S25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee,	
Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy (additional copy is enclosed)	ATTENDED TO THE PERSON OF THE
Manual Audi Cost.	
Registration Section Registration Section Division of Corporations Division of Corporations	
Division of Corporations Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

True Grit Female Flag (Name of the Limited Liability Compa) (A Florida Limited L	Football L.L.C.
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2400147005</u>	were filed on $3262024$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	6804 Portside Dr. Boca Raton, Florida 33496
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>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 680	Enter Florida street address
Boca	Enter Florida street address  Rator Florida 33496  City Zip Cade
New Registered Agent's Signature, if changing Registered Agent:	N
I hereby accept the appointment as registered agent and agre	e 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 accument 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>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
+MBR	Jennife-Kisslinger	6804 Portside Dr. Boca Raton, Florida	□Add
		Bora Raton, Florida	□Remove
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