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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Business Entity Name)	
(Document Number)	_
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	$\neg$
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## **COVER LETTER**

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TO:

Registration Section Division of Corporations

	irnament Series LLC					
SUBJECT:	Name of Lim	ited Liability Company	<del></del>			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.				
Please return all corres	spondence concerning this matter	to the following:				
	Nicholas Donahue					
		Name of Person	<del></del> _			
		Firm/Company	<del></del>			
	325 Oahu Drive					
		Address				
	Merritt Island, FL 32953	Merritt Island, FL 32953  City/State and Zip Code				
	Nick@7v7Elite.com		<del></del>			
	E-mail address: (	to be used for future annual report notif	fication)			
For further informatio	n concerning this matter, please c	all:				
Nicholas Donahue		321 5916282 at ( )				
Nam	e of Person	at () Area Code Daytime	e Telephone Number			
Enclosed is a check for	r the 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
P.O. Box 6	n Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Tournament Series LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
ne Articles of Organization for this Limited Liability Company were filed on _	7/8/2024 and assigned
orida document number L24000297822	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	<u>here</u> :
Dite Championship Series LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
• •	21.
Principal office address MUST BE A STREET ADDRESS)	
	ڏ,`
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	= :
	~ -
If amending the registered agent and/or registered office address on our gent and/or the new registered office address here:	records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	lorida street address
t.nier r	ioriaa sireei aaaress
	, 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.

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>	Name	Address	Type of Action
MGR	Lomas Latner	1785 Curlew Court, Rockledge, FL 32955	<b>=</b> Adđ
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			□Change
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	7/22/202	24	(optional)	
ffective date, if other than to an effective date is listed, the date ote: If the date inserted in this ocument's effective date on the	must be specific and cannot be p s block does not meet the app	plicable statutory filing	re than 90 days after filing.) Po	arsuant to 605.0207 Il not be listed as
record specifies a delayed effer is filed.	ctive date, but not an effectiv	ve time, at 12:01 a.m. or	n the earlier of: (b) The 9	0th day after the
7/22 ated	2024	_		
Nichola	Signature of a member or a	<u> </u>		
	Signature of a member or a	uthorized representative of	of a member	

Filing Fee: \$25.00