

L24000336048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entry Name)

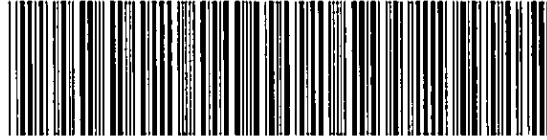
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SECRETARY OF STATE
TALLAHASSEE, FL

2024 AUG 19 PM 3:18

FILED

2024 AUG 19 PM 3:19

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WCM SPORTS, LLC

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:

Blair Mendes

Name of Person

Firm/Company

54 Martinique Ave

Address

Tampa, FL 33606

City/State and Zip Code

blair@mrwlawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Blair Mendes

813

309-1239

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

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
ARTICLES OF ORGANIZATION
OF**

FILED

WCM SPORTS, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2024 AUG 19 PM 3: 18

The Articles of Organization for this Limited Liability Company were filed on July 30, 2024 **SECRETARY OF STATE
TALLAHASSEE, FL**
Florida document number L24000336048.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

. **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 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>	<u>Type of Action</u>
MGR	Mendes, Wes	54 Martinique Ave	<input type="checkbox"/> Add
		Tampa, FL	<input checked="" type="checkbox"/> Remove
		33606	<input type="checkbox"/> Change
MGR	Mendes, Wesley	54 Martinique Ave	<input checked="" type="checkbox"/> Add
		Tampa, FL	<input type="checkbox"/> Remove
		33606	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 8, 2024

BB YE
Signature of a member or authorized representative of a member

Typed or printed name of signee