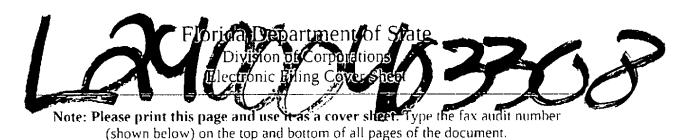
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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**Ent	er	the	email a	address	for	this	busin	ess	entity	to	be	used	for	futur	C
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mail	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STATE GATOR BLITZ LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gator Blitz LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our remitted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Corr	npany were filed on 09/16/24	and assigned
Florida document number L24000403308		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Endzone Elite 7v7 LLC		
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 ADDRES	<u></u>	
		2024 SEC:
Enter new mailing address, if applicable:		\$ € % \$ %
(Mailing address MAY BE A POST OFFICE BOX)		7
		3,2 8 <u> </u>

B. If amending the registered agent and/or registered of	ffice address on our records, en	
agent and/or the new registered office address here:		- A 27
		Lu
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
	Сцу	Lip 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.

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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	
$\Delta MBR =$	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□ Change
			□Add
			[] Change
			□Add
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`an ell <u>(ote:</u>	ive date, if other than the date of filing:
recor d is fi	ed specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	September 30th 2024
	September 30th 2024 Signature of a member or authorized representative of a member
	Robin Jones Typed or printed name of signee