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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Daily of Table Name) |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration So Division of Con | | | |
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| SUBJECT:SAU | | GEMENT LLC | |
| | Name of Limi | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspondent | ondence concerning this matter | to the following: | |
| | GUILLERMO | A. SAGS Name of Person | |
| | SALAS SOURTS | Firm/Company | |
| | 411 E 140US | TRIAL CIRCLE STE | 2025 JAN 31 F SECRETARY TALLARY |
| | CAPE CORAL | FLORIDA 33709 City/State and Zip Code | |
| | asalas@salassm | City/State and Zip Code | |
| | () () | to be used for future annual report notificati | |
| For further information of | concerning this matter, please ca | all: | |
| GUILIERMO | A. SAUAS | at (407) 735663 | 57 |
| Name o | of Person | | lephone Number |
| Enclosed is a check for t | he following amount: | | |
| □ \$25.00 Filing Fee | | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addre</u> Registration | | Street Address: Registration Section | n |
| Division of C | Corporations | Division of Corpor | ations |
| P.O. Box 632 | 41 | The Centre of Talla | anassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALAS SPORTS MANAGEMENT LLC

| (<u>Name of the Limited</u> (A | Liability Com Florida Limite | pany as it now appears on d Liability Company) | our records.) | |
|--|---------------------------------|---|---------------------------|--|
| The Articles of Organization for this Limited Liab Florida document number <u>L24000 48</u> | | ny were filed on <u>MOVE</u> | MBER 13, 2 | 202¥ and assigned |
| This amendment is submitted to amend the follow | ing: | | | |
| A. If amending name, enter the new name of the N/A The new name must be distinguishable and contain the word | _ | | | |
| | | ionity Company, the design | nation LLC of the | e abbreviation (L.L.C. |
| Enter new principal offices address, if applicab (Principal office address MUST BE A STREET A | | N/A | | 72 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | | M/A | rds antor the n | THE STATE OF THE S |
| B. If amending the registered agent and/or registered office address because the new registered office address because the new registered office address because the new registered of the new registered agent and/or registered agent ag | | e address on our reco | ras, <u>enter the n</u> | ame of the new registered |
| Name of New Registered Agent: | MA | | | |
| New Registered Office Address: | 911 E | INDUSTRIAL Enter Florida: | CIRCLE , street address 1 | STE 105 |
| | CAPE | COZAL | , Florida | 33909 Zin 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.

| _ N | A |
|-----------|--|
| If Changi | ng 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> | Name | Address | Type of Action |
|--------------|----------------------|-------------------------------|----------------|
| VP | CRISTAL D. RODRIGLE? | 911 F INDUSTRIAL CIR, STE 105 | X Add |
| | | CAPE CORAL FL, 33909 | □Remove |
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| ective date, if other than the date of filing: | (optional) |
| reffective date is listed, the date must be specific and cannot be prior to date of te: If the date inserted in this block does not meet the applicable state. | |
| cument's effective date on the Department of State's records. | |
| ecord specifies a delayed effective date, but not an effective time, at 13 s filed. | 2:01 a.m. on the earlier of: (b) The 90th day after the |
| ted JANUARY 24th 2025 | |
| will the state of | |
| Signature of amember or authorized rep | |