L24000485233

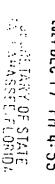
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COVER LETTER

TO:	Registratio Division of	n Section + Corporations			
SUBJE		INE SPORTS AUTHORITY LLC			
SUDJE.	CI:	Name of Lin	mited Liability Company		
The enc	losed Article	s of Amendment and fee(s) are su	bmitted for filing.		
Please r	eturn all corre	espondence concerning this matte	r to the following:		
		JOHN SEPPY			
			Name of Person	-	
,		POP'S SPORTS AUTHO			
٠,			Firm/Company	- ', '	·.
		921 S US HIGHWAY 30	01	•	
·			Address		•
t		TAMPA, FL 33619	,		
		. COOLDITUIO OCCUOER	City/State and Zip Code		
, '		ACCOUNTING@SSISER	(to be used for future annual report notification)	,	
For fuel	hèr informatio	on concerning this matter, please of			
		on concerning this matter, piease t			
JOHN S			386 878-3156 at ()		
	, Nar	ne of Person	Area Code Daytime Telephone Number	,	
Enclosed	d is a check fe	or the following amount:		2024 DEC SARASHA	·•- ₁ .
■ \$25.	00 Filing Fee	e □ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ling Fee, SS = - te of Status &	
	Reg Div P.O	AILING ADDRESS: gistration Section ision of Corporations b. Box 6327 lahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	.5 31	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability)	7		
(<u>Name of the Limited Liability C</u> (A Florida Li	mited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Com- Florida document number L24000485233	npany were filed on 11/	19/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company he	<u>re</u> :	
POP'S SPORTS AUTHORITY LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	esignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	. I 	, , ,	
Principal office address MUST BE A STREET ADDRES	<u> </u>		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		.	
	'	 	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		our records, enter	the name of the
Name of New Registered Agent:	·		AS AS
New Registered Office Address:	p		SSEC 1
		da street address, Florida	PX 43 OF STA
	City		Zip Code U

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>	Name	<u>Address</u>	Type of Action
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			Change
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n effective date is listed, the			(optional) more than 90 days after filing.)	
	n the Department of State		ing requirements, this date v	viii not be listed a
	alayad affaatiya data	h	time, at 12:01 a.m. o	20 20
he 90th day after t	he record is filed.	, but not an effective	time, at 12:01 a.m. c	on the learli 就 。 差層 居
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Typed or printed name of signee

Filing Fee: \$25.00