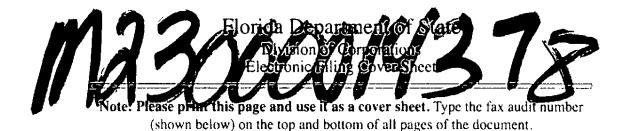
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Division of Corporations



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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRUE LIFE SPORTS, LLC

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Corporate Filing Menu

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears on	the records of the Florida Department of	
State: TRUE LIFE SPORTS, LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>) —		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liabili	ty company is:M23000014378	
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida:1	1/09/2023	
SECTION II (5-9 complete only the applicable cha		
5. New name of the limited liability company: (must co	ntain "Limited Liability Company, " "L.L.C	D.," or "LLC.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or manage must contain "Limited Liability Company," "L.L.C."	ing members adopting the alternate name. T	The alternate name
6. If amending the registered agent and/or registered o registered agent and/or the new registered office addresses		ne of the new
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida Street Addres	s 34
	, Florida,	Zip Code
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent at the provisions of all statutes relative to the proper and accept the obligations of my position as registered document is being filed to merely reflect a change in the liability company has been notified in writing of this company.	tered Agent: nd agree to act in this capacity. I further ag I complete performance of my duties, and I d agent as provided for in Chapter 605, F.S he registered office address, I hereby confir	ree to comply with am familiar with . Or, if this

⊕ 12/13/2023 11:12 AM

8. If the amend	ment changes person, title or capac	ity in accordance with 605.0902 (1 Xe), indicate that cl	hange:
Title/ Capacity	<u>Name</u>	<u>Address</u> <u>T</u>	ype of Action
MGR	Michael Ashabi	1095 Broken Sound Park Way NW, Suite	300 □Add
		Boca Raton, FL 33487	XJRemove
MGR True Life Ventures, Inc.	1095 Broken Sound Park Way NW, Suite	300 _% Add	
		Boca Raton, FL 33487	□Remove
		<u> </u>	DAdd
			□Remove
			□Add
			□Remove
			□Add
aforementio	a certificate, if required; no more the ned amendment(s), duly authentica under the law of which this entity i	ated by the official having custody of records in the	Remove
	/s/ Caitlin Lazarus		
	Signat	ure of the authorized representative	

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Filing Fee: \$25.00