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## **COVER LETTER**

	Registration Se Division of Cor			
end inc	FSU BOOS			
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	<u>-</u>	
		BLAKE HAYWARD		
			Name of Person	
		HAYWARD TITLE GRO	PUP	
		<del></del>	Firm/Company	
		2121-G KILLARNEY WA	ΑY	5 B
			Address	
		TALLAHASSEE, FL 323	09	25
		<del></del>	City/State and Zip Code	
		blake@haywardtitlegroup.c		
		E-mail address: (	to be used for future annual report notif	leation)
For furth	er information c	oncerning this matter, please c	all:	, r
BLAKE	HAYWARD		850 386-4400 at ( )	
	Name o	fPerson		Telephone Number
Enclosed	l is a check for th	he following amount:		
■ \$25.6	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 S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
	Tallahassee	FI 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FSU BOOSTERS PRESERVATION,	LLC	
(Name of the Limited (A	Liability Company as it now appears on our recor Florida Limited Liability Company)	<u>"ds.</u> )
The Articles of Organization for this Limited Liab	ility Company were filed on 7/9/2024	and assigned
Florida document numberL24000305837	<del></del> ·	
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of th	ne limited liability company here:	
GRIDIRON PRESERVATION, LLC		
he new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LI.	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET	<del></del>	
Trincipal office datasess brost BEASTREET	ADDRESS)	202
		30 1
Enter new mailing address, if applicable:		5-51 P2
Mailing address MAY BE A POST OFFICE BO	()X)	
B. If amending the registered agent and/or reg agent and/or the new registered office address l		r the name of the new register
agent and/of the new registered office address i	iere:	
Name of Nigur Dagiotogod Array		
Name of New Registered Agent:		<del> </del>
New Registered Office Address:		
	Enter Florida street addr	ess
		Florida
	City	7 in 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>	Address	Type of Action
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antive date if other than th	oo data of filing:		(mt)	ional)	
ective date, if other than the effective date is listed, the date in this.  1 If the date inserted in this.	nust be specific and cannot be	prior to date of filing c	or more than 90 days afte	r filing.) Pursuant to 60 is data will not by lie	15.020
cument's effective date on the			ning requirements, th	is date will not be no	ica a
cord specifies a delayed effect is filed.	ive date, but not an effecti	ve time, at 12:01 a.	m, on the earlier of: (	b) The 90th day aft	er the
JULY 24	2024				
ted	·				
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Filing Fee: \$25.00

Typed or printed name of signee