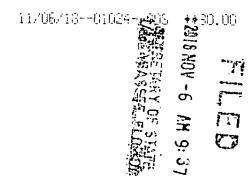
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COVER LETTER

	Registratio Division of	n Section Corporations					
SURIFC		zone Latino Marchio LLC					
Name of Limited Liability Company							
The encl	osed Article	s of Amendment and fee(s) are subma	itted for filing.				
Please ret	turn all corr	espondence concerning this matter to	the following:				
		Lara Ciribi					
			Name of Person				
		Mascalzone Latino Marchio	LLC				
		450 Alton Road Suite 1404	Firm/Company				
		Miami Beach Florida 33139	Address				
		imgconsulting@outlook.com	City/State and Zip Code				
E. e foreb	i 6	E-mail address: (to on concerning this matter, please call	be used for future annual report noti	fication)			
Lara Ciri		on concerning this matter, please carr	305 853-6731				
	Nai	ne of Person		e Telephone Number			
Enclosed	is a check f	or the following amount:					
□ \$25.0	00 Filing Fe	S30.00 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:

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mascalzone Latino Marchio LLC		
(<u>Name of the Limited Lighility (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L10000038185	npany were filed on 04/08/2010 an	d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
SPORT LICENSING LLC.		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:	idem	
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</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 address	red office address on our records, enter the na	Anc of the new
Name of New Registered Agent: idem		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip C	iode

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
MGR	ONORATO, Andrea	450 Alton Road Apt 1404 Miami Beach Florida 33139	■ Add
			□ Remove
		 	☐ Change
MGR	BORHAN, Arshan	450 Alton Road Apt 1404 Miami Beach Florida 33139	B Add
			Remove
			□ Add
			MRemove -
			Strange And Strang
			© Remove
			Change
			Add
			☐ Remove
		 	Change
			Add
			Remove
			☐ Change

							
							
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ffective date, if other than th an effective date is listed, the date m	e date of filing:	annot be prior t	o date of filing	or more than 90	(optional)	Durenae	u to 605 03
ocument's effective date on the	olock does not me	et the applica	ble statutory	filing requirem	ents, this date	will not	be listed
e record specifies a delaye The 90th day after the re		te, but not	an effecti	ve time, at I	l2:01 a.m. d	n the	earlier
October 30th,		2018					
ated October 30th,	ك						

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00