Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000229930 3)))



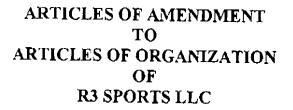
				H180002299303ABC1						
			Note: I	OO NOT hit the REFRESH/RELOAD button on your browser from to Doing so will generate another cover sheet.	this page.					
			To:	Division of Corporations Fax Number : (850)617-6383 The state of the	WG-7 M 1:27	FILED				
1				**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:						
8	•	0.5	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN R3 SPORTS LLC							
·	010000000000000000000000000000000000000	2018 AUG - 7 PN 1:50		Certificate of Status 1 Certified Copy 0 Page Count 03 Estimated Charge \$30.00						
	<u>C1</u>	8102	."	· · · · · · · · · · · · · · · · · · ·	K. SALY AUG - 8 2018					

Corporate Filing Menu

https://efile.sunblz.org/scripts/afilcovr.exe

Electronic Filing Menu

Help





The Articles of Organization for this Florida Limited Liability Company were filed on 02/01/2018 and assigned Florida document number.
Florida document number: L18000028758. EIN Number: 82-4311783
Article I
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Article II
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
Article IV
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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

Title	Name	Address	Type of Acti	Type of Action						
AMBR	FURTADO B TAVARES, CRISTIAN	E ISABELA CIRCLE LOT 9	REMOVE							
		WINDERMERE, FL 34786	ADD							
Title	Name	Address	Type of Actio	Type of Action						
AMBR	MARTINS DE FREITAS, RENATO	8799 LOOKOUT POINT DR	REMOVE							
	•	WINDERMERE, FL 34786	ADD							
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)										
		•								

E. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED:

Signature of a member or authorized representative of a member

Rodrigo Cavalcante

Typed or printed name of signee

8 AUG -7 AH 1:25 BEGNETANT OF STATE ALL AHASSEF ELORIO