

L19000074280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

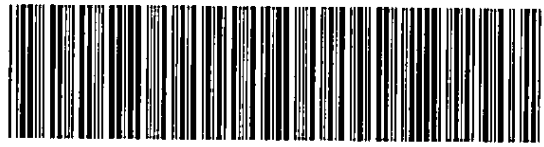
(Business Entity Name)

(Document Number)

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2019 MAY 20 PM 2:28

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ISACAPE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGELA N. MARTINEZ, ESQ.

Name of Person

ANGELA N. MARTINEZ, P.A.

Firm/Company

2100 PONCE DE LEON BOULEVARD, SUITE 1045

Address

CORAL GABLES, FL 33134

City/State and Zip Code

ANGIE@ANGIELAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA N. MARTINEZ

at (305) 476-1773

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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 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 FILED**

ISACAPE, LLC

2019 MAY 20 P 2 28
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/18/2019 and assigned Florida document number L19000074280

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AC SPORT USA, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

66 WEST FLAGLER STREET

SUITE 1202

MIAMI, FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

66 WEST FLAGLER STREET

SUITE 1202

MIAMI, FL 33130

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:

Enter Florida street address

Florida

City

Zip 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.

n/a

If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: (Attach additional sheets if necessary)

Lined area for amending information, crossed out with a large diagonal line.

5-15-2019

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Paragraph 64.379.007 (1)(a)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(a) The 90th day after the record is filed

Dated MAY 15

2019

Handwritten signature of the member or authorized representative.

Signature of member or authorized representative of a member

Typed or printed name of signer