Division of Corporations **Electronic Filing Cover Sheet**

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(((H150001170013)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: PADRO AND COMPANY, P.A. Account Name

Account Number : 120050000094 : (305)500-9361 Phone Fax Number : (305)500-9492

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN U1ST SPORTS MIAMI, INC.

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Estimated Charge \$43.75

MAY 15 2015

R. WHITE

Electronic Filing Menu

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May 14, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

U1ST SPORTS MIAMI, INC. 258 SEA VIEW DRIVE KEY BISCAYNE, FL 33149

SUBJECT: UIST SPORTS MIAMI, INC.

REF: P03000041706

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II FAX Aud. #: H15000117001 Letter Number: 715A00010138

H150001170013

Articles of Amendment to Articles of Incorporation of 图上三面

15 MAY 14 MM \$ 23

SEGTALIZACI DE STATE M'ALLAHASSEE, FLORIDA

UIST Sports Miami, Inc.	MALLAMADOLL, I LUMBA
(Name of Corporation as	currently filed with the Florida Dept. of State)
P03000041706	
(Document N	Number of Corporation (if known)
·	• • •
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s)
4. If amending name, enter the new name of the corpora	ation:
	TT
name must be distinguishable and contain the word "co "Corp" "Inc.," or Co.," or the designation "Corp." "In word "chartered," "professional association," or the abbre	The new proporation," "company," or "incorporated" or the abbreviation no," or "Co". A professional corporation name must contain the eviation "P,A."
3. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	(2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered off	fice address in Florida, enter the name of the
new registered agent and/or the new registered office	address:
Name of New Registered Agent	
	lorida street address)
	•
New Registered Office Address:	(City), Florida
	(City) (Zap Code)
lew Registered Agent's Signature, if changing Registered	d Avents
hereby accept the appointment as registered agent. I am fo	amiliar with and accept the obligations of the position.
-	
Signature	of New Registered Agent if changing

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe				
X Remove	Y	Mike Jones				
<u>X</u> Add	SY	Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name	Address			
1) Change	<u>s</u>	Ifiaki Ureetavizeaya	258 Sea View Dr			
XAdd			Key Biscyane, FL 33149			
Remove						
2) Change	D	Alfageme, Miguel	258 Sea View Dr			
Add			Key Biscyane, FL 33149			
X Remove			·			
3) Change	D	Ovejas, Gabriel	258 Sea View Dr			
Add			Key Biscyane, FL 33149			
X Remove						
4) Change						
Add			,			
Remove						
5) Change						
Add						
Remove						
6) Change						
<u> </u>						
Remove						

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E. <u>If amend</u> (Attach aa	ing or adding additi iditional sheets, if ned	onal Articles, enter cessary). (Be spec	change(s) here: ific)		·	
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F. <u>If an ame</u> provisio (if n	endmeut provides fo ons for implementing ot applicable, indicat	r an exchange, rect the amendment if the N/A)	assification, or ca not contained in	incellation of issued the amendment itse	l shar es, lf:	
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	05/12/2015	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	, /	
Effective date if applicable:	5/10/2015	
Priective Butc it abbitcartie:	(ho more than 90 days after amendment file date)	
	•	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were a	opted by the shareholders. The number of votes east for the amenufficient for approval.	dment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment(
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required, The amendment(s) was/were ad	opted by the board of directors without shareholder action and sha opted by the incorporators without shareholder action and shareho	
action was not required.		
Dated	5/12/2015	·
7/8/E0		
Signature X	- distribution of the second o	•
	director, president or other officer - if directors or officers have no	t been
select.	ed, by an incorporator - if in the hands of a receiver, trustee, or other	er court
	nted fiduciary by that fiduciary)	
	Iñaki Umetavizoays	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·