

M13 000007728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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18 AUG 24 AM 10:42
TALLAHASSEE, FLORIDA

2023 AUG 24 AM 9:59

T. CLINE

AUG 27

EXAMINER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 359873 7219505
AUTHORIZATION : 
COST LIMIT : \$55.00

ORDER DATE : August 22, 2018
ORDER TIME : 9:56 AM
ORDER NO. : 359873-005
CUSTOMER NO: 7219505

FOREIGN FILINGS

NAME: MIAMI BECKHAM UNITED LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: _____

EXP AUG 24 AM 9:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miami Beckham United LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lorri E. Strizich

Name of Person

Hogan Lovells US LLP

Firm/Company

1601 Wewatta Street, Suite 900

Address

Denver, CO 80202

City/State and Zip Code

lorri.strizich@hoganlovells.com

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

2015 AUG 24 AM 9:55

For further information concerning this matter, please call:

Lorri E. Strizich at (303) 454-2412
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☒ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Miami Beckham United LLC

Enter new principal office address, if applicable: c/o M Sports Ventures, LLC

(Principal office address

MUST BE A STREET ADDRESS)

800 Douglas Road, 12th Floor

Coral Gables, FL 33134

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

c/o M Sports Ventures, LLC

800 Douglas Road, 12th Floor

Coral Gables, FL 33134

2. The Florida document number of this limited liability company is: M13000007728

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/09/2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

See below.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Pres. & CEO</u>	<u>Jorge Mas</u>	<u>c/o M Sports Ventures, LLC, 800 Douglas Road, 12th Floor, Coral Gables, FL 33134</u>	☒ Add
		<u>Beckham Brand Limited</u>	☒ Remove
<u>Chm. & EVP</u>	<u>Marcelo Claire</u>	<u>c/o M Sports Ventures, LLC, 800 Douglas Road, 12th Floor, Coral Gables, FL 33134</u>	☒ Add
		<u>DB Ventures Limited</u>	☒ Remove
<u>EVP</u>	<u>Jose Mas</u>	<u>c/o M Sports Ventures, LLC, 800 Douglas Road, 12th Floor, Coral Gables, FL 33134</u>	☒ Add
		<u>N&P Holdings, LP</u>	☒ Remove
<u>VP & Sec.</u>	<u>Pablo Alvarez</u>	<u>c/o M Sports Ventures, LLC, 800 Douglas Road, 12th Floor, Coral Gables, FL 33134</u>	☒ Add
			☐ Remove
<u>Treas.</u>	<u>Jared Lindsey</u>	<u>c/o M Sports Ventures, LLC, 800 Douglas Road, 12th Floor, Coral Gables, FL 33134</u>	☒ Add
			☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Pablo Alvarez
Signature of the authorized representative

Pablo Alvarez
Typed or printed name of signee

Filing Fee: \$25.00