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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE
TALL SHASSEE, FLORIDA

COVER LETTER

TO:	Registration Sect Division of Corpo					
SURIE	ECT:	MULTI SPORT	AND BEYOND, LI	_C.		
30 13 1						
The en	closed Articles of Ar	mendment and fee(s) are sub	omitted for filing.			
Please	return all correspond	dence concerning this matter	to the following:			
			FABIAN FIGUEROA			
			Name of Person			
FIGUEROA INVESTMENTS, LLC.						
			Firm/Company			
615 CONDE AVE						
Address						
CORAL GABLES, FLORIDA 33156						
City/State and Zip Code						
		DALIS	@WIMBIKEANDRUN.	СОМ		
		· ·	to be used for future annual report	rt notification)		
For fun	ther information con	cerning this matter, please c	call:			
	FABIAN	I FIGUEROA	at (305)	608-6252		
Name of Person			Daytime Telephone Number	ī		
Enclose	ed 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 end	closed) Certified	te of Status &	

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

MULTI SPORT AND	BEYOND,	LLC.	
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appea iability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	2/20/2009	and assigned
Florida document number L09000017031			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limit L.L.C."	ed Liability Comp	any," the designation "L	LC" or the abbreviation
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)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, <u>enter t</u>	ne name of the new
Name of New Registered Agent:		<u></u>	2
New Registered Office Address:	En	nter Florida street addr	ess = Th
		Florida 🛱	Ď o L
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		걸	28

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of eac or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ENRIQUE CASTILLO	5950 S DIXIE HWY SOUTH MIAMI, FL 33143	Add Remove
			Add Remove
			Add Remove
	 		Add Remove
			Add Remove
	 		Add Remove
D. If amend	ding any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)	_
_			_
			
Dated	MARCH 12	Town / Igveroa forres	****
	Signature of	f a member or authorized representative of a member FABIAN FIGUEROA	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00