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SECRETARY OF STATE DIVISION OF CORPORATIONS.

COVER LETTER

	sion of Corp			
	SPORT V	IAJES GROUP INTER	NATIONAL, LLC	
SUBJECT:		Name of Limite	ed Liability Company	 .
The enclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		LUIS GARCIA		
			Name of Person	
			Firm/Company	
		13841 NW 16th ST		
			Address	
		PEMBROKE PINES,	FL 33028	
		lgarcia@sportviajes.c	City/State and Zip Code	
		E-mail address: (to	be used for future annual report notificat	ion)
For further in	formation co	ncerning this matter, please ca	II:	
VICTOR E	BADELL		305 498-7788 at (
	Name of	Person	Area Code & Daytime To	elephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling 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

SPORT VIAJES GROUP INTERNATIONAL, LLC

(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 February 15, 2012	and assigned
Florida document number		SECH DIVISION
This amendment is submitted to amend the following:		FILL BARRES
A. If amending name, enter the new name of the limited liab	oility company here:	EL COFSIA CAPORALI:
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	13841 NW 16th ST	. . , <u>.</u>
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINES, FL 33028	
Enter new mailing address, if applicable:	ling address, if applicable: 13841 NW 16th ST	
(Mailing address MAY BE A POST OFFICE BOX)	PEMBROKE PINES, FL 33028	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
·	, Florida	Zip Code
	Спу	Lip 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 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action MGR ALBERTO COLL 5838 COLLINS AVE, APT 5H Add MIAMI BEACH, FL 33140 Remove MGR **LUIS GARCIA** 13841 NW 16th ST PEMBROKE PINES, FL 33028 Remove Remove is**v**äqd E×X Remove Add Remove Remove

If amending any other informatio	on, enter change(s) here: (Attach additional sheets. if necessary.)
June 28	2013
ted	- Thursten
Signa ALBERTO COLL	ture of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00