

L15000095992

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ATHLETES USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

K. SALY

MAY 10 2018

RECEIVED

2018 MAY -9 PM 4:31

FILED

18 MAY -9 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** ATHLETES USA 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:

David Rueda
Name of PersonATHLETES USA LLC
Firm/Company4514 Main Street, Apt 4020
AddressJupiter, FL 33458
City/State and Zip Codedavidruedah@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>David Rueda</u>	<u>561</u>	<u>507-9553</u>
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**

ATHLETES USA 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 06/01/2015 and assigned
Florida document number L15000095992

This amendment is submitted to amend the following:

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

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)

860 US HWY 1, Suite 209
North Palm Beach, Florida, 33408

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4514 Main Street, Apt 4020
Jupiter, FL 33458

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:

Kristin Vivo

New Registered Office Address:

1801 N Dixie Hwy, Ste 3

Enter Florida Street address

West Palm Beach

City

Florida 33407

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.

Kristin Vivo

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
PAC	Chris Vidal	800 BRICKELL AVENUE	☐ Add
		Suite 1105	☒ Remove
		MIAMI, FL 33131	☐ Change
MBR	David Rueda		☐ Add
		860 US HWY 1, Suite 209	
		North Palm Beach, Florida, 33408	☐ Remove
			☒ Change
MBR	Oscar Gonzalez Albo		☐ Add
		860 US HWY 1, Suite 209	
		North Palm Beach, Florida, 33408	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 18

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CLERK OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.) Pursuant to 605.0207 (3)(b):

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:

(b) The 90th day after the record is filed.

Dated May 8 2018

Signature of a member or

David Rueda

Typed or printed name of signee