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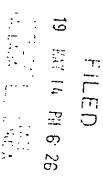
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COVER LETTER

TO: Registration Section
Division of Corporations

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RRFC	Holdings,	LLC
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SUBJECT:

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:

	Garrison Mason			
		Name of Person		
	United Soccer Leagues, L	LC		
		Firm/Company		
	1715 N. Westshore Blvd.,	Suite 825		
		Address		
	Tampa, FL 33607			
		City/State and Zip Code	u - 1 = -	
	garrison.mason@uslsoccer.	com		
	E-mail address: (to be used for future annual	report notification)	
For further information c	concerning this matter, please c	all:		
Garrison Mason		813 51- at ()		
Name (of Person	Area Code	Daytime Telephon	e Number
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	losed)	.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

RRFC Holdings, 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 $\frac{1/14/2016}{2}$ and assigned Florida document number _L1000009664 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ABQ Holdings, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," ص 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 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: New Registered Office Address: Enter Florida street address

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.

City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			□ Remove
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			Remove
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	May 7, 2019		
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The 90th day after the	ayed effective date, but not a record is filed.	in enective time, at 12.01	a.m. on the earner
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00