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COVER LETTER

то:	Registration Se Division of Cor				
elin r	ATHLETIC	S MIAMI F.C.,LLC			
SUBJI	ECT:	Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		JhonHernandez			
			Name of Person		
Hernande&arcia& AsociadosPLLC					
Firm/Company					
	2893ExecutiveParkDr., Ste.121-123				
Address					
		Weston,Florida33331			
	City/State and Zip Code				
jhonricardo@hgasociados.com					
		E-mail address: (to be used for future annual report notif	ication)	
For fur	ther information co	oncerning this matter, please ca	all:		
JhonH	Hernandez		954 638-2606 at ()		
	Name o		Area Code Daytime	Telephone Number	
Enclos	ed is a check for th	e following amount:			
☑·\$2	5.00 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:

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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**

ATHLETICS MIAMI F.C., LLC

(Name of the Limite	(A Florida Limited l	ny as it now appears on our re- Liability Company)	eords.)			
The Articles of Organization for this Limited Li Florida document number L16000166776	ability Company	were filed on Septembe6	, 2016 and assigned			
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and contain the wa	ords "Limited Liabil	ity Company," the designation	'LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applica	able:	3007Bird Avenue,Apt. 2				
(Principal office address MUST BE A STREE	T ADDRESS)	Miami, Florida 33133				
Enter new mailing address, if applicable:		3007Bird Avenue,Apt. 2				
(Mailing address MAY BE A POST OFFICE)	Miomi Elorido 22122					
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent:			ords, enter the name of the new			
New Registered Office Address:	3007Bird Ave	nue,Apt. 2				
Nogistated Office (Radiess).	<u> </u>	Enter Florida street ac	ddress			
	Miami		, Florida ³³¹³³			
		City	Zip Code			
New Registered Agent's Signature, if changing Real I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has been notifi	d agent and agreer and complete stered agent as pegistered office change.	performance of my duties provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is n that the limited liability			
			101 9:			

Page 1 of 3

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>	<u>Address</u>	Type of Action
MGR	Miguel A. Moreno	3007 Bird Avenue, Apt. 2	
		Miami, Florida 33133	Remove
			■ Change
			Add
	•		□ Remove
			Change
			Add
			Remove
			Change
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		All Barrers	Remove
			Change
	<u> </u>		□ Add
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Sective date, if other than the n effective date is listed, the date mus	ock does not meet the	be prior to date of filin	g or more than 90 da r filing requiremen	(optional) ys after filing.) F nts, this date w	ursuant to	605.020 listed a
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tee: If the date inserted in this blocument's effective date on the December of the Section of the December of the Section of	d effective date, to ord is filed.	but not an effect 7 Alejandro More	no	2:01 a.m. or TALLAHAS	the ea	arlier o

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