

L17000043856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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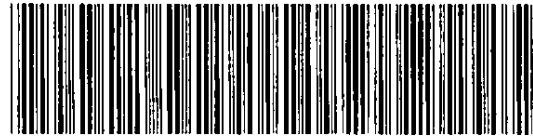
(Business Entity Name)

(Document Number)

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2017 JUN 20 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K SALY  
JUN 22 2017

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: SPORTS WORLD ASSOCIATION 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:

RAMON AMILIBIA

Name of Person

RD-AM GROUP LLC

Firm/Company

1111 CRANDON BOULEVARD A-707

Address

KEY BISCAYNE FL 33149

City/State and Zip Code

RAMON.AMILIBIA@ENHANCEGLOBALES

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIO E GOMEZ CPA

Name of Person

305 216-6003  
at ( )

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**

SPORTS WORLD ASSOCIATION LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 23, 2017 and assigned  
Florida document number LI 7000043856.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

N/A

**Florida** N/A

*City*

*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.*

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	RAMON AMILIBIA	1111 CRANDON BLVD # A-707	<input type="checkbox"/> Add
		KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CLOTEGALU LLC	12300 SW 67TH AVE	<input type="checkbox"/> Add
		PINECREST FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RD-AM GROUP LLC	1111 CRANDON BLVD # A-707	<input checked="" type="checkbox"/> Add
		KEY BISCAYNE FL 33149	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AKONI SPORTS LLC	240 GALEN DRIVE APT 208	<input checked="" type="checkbox"/> Add
		KEY BISCAYNE FL 33149	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


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CLERK OF DISTRICT COURT  
KALAMAZOO COUNTY, MICHIGAN

(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)

Dated JUNE 6, 2017



RAMON AMILIBIA

Typed or printed name of signee