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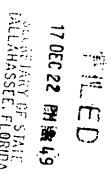
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COVER LETTER

TO:	Registration Se Division of Cor									
CUDI		TEAM LLC								
SUBJECT: Name of Limited Liability Company										
The e	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.							
Please	return all correspo	ondence concerning this matter	to the following:							
		YVES P MAIA								
		_	Name of Person							
		TAX LINKS CONSULTA	ANTS LLC							
Firm/Company										
5111 S ORANGE AVE										
	Address									
	City/State and Zip Code									
		TAXLINKS@CONSULTA	ANT.COM to be used for future annual report notif	instina .						
For fu	rther information c	oncerning this matter, please c		ication						
YVES	S P. MAIA		407 270-4846							
	Name o	f Person	at () Area Code Daytime	: Telephone Number						
Enclo:	sed is a check for t	he following amount:								
■ Si	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

SPFC USA TEAM 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 $\frac{08/07/2017}{1}$ and assigned Florida document number _ L17000167126 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SARTORI ON ROAD LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered agent 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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 '	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SP SPORTS MARKETING	7350 FUTURES DR. SUITE 18	∩ Add
		ORLANDO FL 32819	■ Remove
			Change
AMBR	JOAO CARLOS SARTORI	4200 WEST VINE STREET	■ Add
		KISSIMMEE FL 32741	☐ Remove
			□ Change
			Add
			Remove
			Change
			SS SHARE SE
			Remove FLORAL Change
			FLORD Change
		<u> </u>	Remove
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record specifies a dela	ved effective date. I	out not an effec	tive time st 12:0) 1 am on the	aarliar <i>i</i>
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ted DECEMBER 12	. 201	· ·			

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee