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Division of Corporations	
Fax Number : (850)617-6383	
From:	
Account Name : LAZARUS CORPORATE FILIN	G SERVICE. INC.
Account Number : 120000000019	—·
Phone : (385)552-5973	
Fax Number : (305)675-5944	<u> </u>
**Enter the email address for this business ent	ltv to be used for future
annual report mailings. Enter only one ema	ail address please. 🗯 – 🧓 🥼
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMERCIALIZADORA LUCHO GARCIA LLC

Name of the Limited	Liability Comp Florida Limited	any as if now appears on our reco	ords.
The Articles of Organization for this Limited Lial Florida document number L18000041953		Unimite filed on	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amonding name, enter the new name of t	be limited Hab	oility company here-	
MANAGEMENT & SUPPLY SPORTS LLC		•	
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Commany," the designation "I f	C" or the objection will to O.B.
Enter new principal offices address, if applicab		10025 NW 116TH WAY SU	
(Principal office address MUST BE A STREET ADDRESS)		DORAL, FL 33178	
uter new mailing address, if applicable:			525 4
Mailjing address MAY BE A POST OFFICE BO	20		7 7
·			
. If amending the registered agent and/or registered agent and/or the new registered office	registered of	fice address on our record	is, enter the name of the
Name of New Registered Agent:	ESUS R BAZO		
New Registered Office Address:	1618 NW 87 TF		
`	•	Enter Plorida street addres	20
<u></u>	OORAL		orida <u>33178</u>
•		Clty	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 Registeres Agent, Signature of New Repistered Agent

03/20/2019 15: 37 3052201440 LAZARUS CORPORATE

11 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MCR = Manager AMBR = Authorized Member

<u>Tine</u> Ambr	Name RUTH N MORENO	Address 11618 NW 87TH IN	Type of Action
		DORAL,	□ Add
			Remove
MGR	JESUS R BAZO	11618 NW 87TH LN	□ Change
		DORAL, FL 33178	B Add
			□ Remove
MGR	RAMON A CASTILLO BLANCO	11618 NW 87TH LN	☐ Change
		DORAL, FL 33178	≅ Add
			□ Remove
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amending any ot	ther information, ent	ter change(s) here:	(Attach additional s	sheets, if neces	sary.)	
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