

9/20/2018

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2018-09-20 14:14:19 EDT

10010257338 From: Maria Calderon

Division of Corporations

Florida Department of State
Division of Corporations
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From:

Account Name : HINSHAW & CULBERTSON LLP
Account Number : 120110000017
Phone : (305)428-5042
Fax Number : (305) 577-1063

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mcalderon@hinshawlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FUTURE ARENA INVESTMENTS, LLC

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: FUTURE ARENA INVESTMENTS, 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:

Maria Calderon, Esquire

Name of Person

Hinshaw & Culbertson LLP

Firm/Company

2525 Ponce de Leon Blvd., 4th Floor

Address

Coral Gables, Florida 33134

City/State and Zip Code

mcalderon@hinshawlaw.com

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

For further information concerning this matter, please call:

Maria Calderon

305

358-7747

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee☐ \$30.00 Filing Fee &
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(additional copy is enclosed)☐ \$60.00 Filing Fee,
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(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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FUTURE ARENA INVESTMENTS, 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 06/15/2018 and assigned
Florida document number L18000147380

This amendment is submitted to amend the following:

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

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: _____

(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

_____, Florida _____
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

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FILED
 2018 SEP 20 AM 10:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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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>
MGR	FELIPE S. BARITTO LOZANO	2525 Ponce de Leon Blvd., 4th Fl.	<input type="checkbox"/> Add
		Coral Gables, Florida 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maritza DiBartolomeo de Albacete	2525 Ponce de Leon Blvd., 4th Fl.	<input checked="" type="checkbox"/> Add
		Coral Gables, Florida 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ricardo Albacete Di Bartolomeo	2525 Ponce de Leon Blvd., 4th Fl.	<input checked="" type="checkbox"/> Add
		Coral Gables, Florida 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

F. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 9/20/2018

Signature of a member or authorized representative of a member

FELIPE S. BARITTO LOZANO

Typed or printed name of signer

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Filing Fee: \$25.00

SECRET

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