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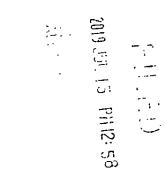
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COVER LETTER

Div	rision of Cor	porations		
SUBJECT:		RCE SPORTS LLC		
sonji.er.		Name of Limi	ted Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return	n all correspo	ndence concerning this matter (to the following:	
		Juan Lopez Salaberry		Daytime Telephone Number Solution See. Certificate of Status &
			Name of Person	
		INNERFORCE SPORTS I		
			Firm/Company	
		111 E Dilido Dr	, .	
			Address	
		Miami Beach, 33139		
		juan@innerforcesports.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifi-	cation)
For further i	nformation c	oncerning this matter, please ca	dl:	
Juan Lopez	Salaberry		786 296-3336 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section

TO:

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

INNERFORCE SPORTS LLC		
(<u>Name of the Limited Liability Compa</u> (λ Florida Limited I	ny as it now appears on our records.) Jability Company)	
	• • •	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{01/18/2019}{}$	and assigned
Florida document number L19000020151		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • •		- 23
Principal office address MUST BE A STREET ADDRESS)		بدير في ت
		مند باش
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		(7)
B. If amending the registered agent and/or registered of		enter the name of the
registered agent and/or the new registered office address here	2:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
	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>	Type of Action
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		28001, Madrid, Spain OC	G 13
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Note:	ve date, if other than the date ective date is listed, the date must be sp. If the date inserted in this block deent's effective date on the Departr	oes not meet the applical	date of filing or more than ble statutory filing requir	(optional) 90 days after filing.) Pursuant to rements, this date will not be	605.0207 listed as
ie rec The	ord specifies a delayed effe 90th day after the record i	ective date, but not s filed.	an effective time, a	at 12:01 a.m. on the ea	ırlier of
Dated	July 10	2019			
	··				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00