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## **COVER LETTER**

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		AS, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
Division of Corporations  SUBJECT:  ASOCIACION UNICA DE FUTBOLISTAS, 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:  SORAYA VALERO  Name of Person  SVG GROUP LLC  Finn/Company  9600 NW 25TH ST, SUFTE 6D  Address  DORAL, FL, 33172  City/State and Zip Code  SORAYAVALEROGROUP@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SORAYA VALERO  Name of Person  1 954  Area Code  Paytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status & Certificate Status & Cer			
Division of Corporations  ASOCIACION UNICA DE FUTBOLISTAS, 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:  SORAYA VALERO  SORAYA VALERO  SORAYA VALERO  Finnt/Company  9600 NW 25TH ST. SUITE 6D  Address  DORAL, FL, 33172  Gity/State and Zip Code  SORAYAVALEROGROUP@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SORAYA VALERO  Name of Person  SORAYA VALERO  Name of Person  Tak  Certificate of Status  Certified Copy  (additional copy)'s enclosed)  MAILING ADDRESS:  Registration Section  Division of Corporations  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations			
	Articles of Amendment and fee(s) are submitted for filing.  Il correspondence concerning this matter to the following:  SORAYA VALERO    Name of Person		
	DORAL, FL., 33172	Address	
	SORAYAVALEROGROU		_ <del></del>
For further information		·	ee & S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  EET/COURIER ADDRESS: Stration Section ion of Corporations
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Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
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Regis Divisi	tration Section on of Corporations	Registration Secti Division of Corpo	on

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### ASOCIACION UNICA DE FUTBOLISTAS, 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 JANUARY 25, 2019 and assigned Florida document number L19000027146 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 "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 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

#### 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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f an effective date is listed, the dat <b>Note:</b> If the date inserted in the	the date of filing:	605.0207 listed as
ne record specifies a del The 90th day after the	ayed effective date, but not an effective time, at 12:01 a.m. on the ear record is filed.	arlier of
Dated MAY 17	2019	
	Signature of a member or authorized representative of a number	_
JUAN E GARCIA	RIVAS	
	Typed or printed name of signee	_

Page 3 of 3

Filing Fee: \$25.00