## L19000074280

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## **COVER LETTER**

TO:	Registration Sec Division of Corp			·
	ISACAPE,	LLC		
SUBJEC	_ 1:	Name of Limi	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	etum all correspon	ndence concerning this matter	to the following:	
	,	ANGELA N. MARTINEZ	, ESQ.	
r. · ·	<del>-</del> ·		Name of Person	
		ANGELA N. MARTINEZ	, P.A.	
			Firm/Company	
2100 PONCE DE LEON BOULEVARD, SUITE 1045				
			Address	
		CORAL GABLES, FL 331	134	
			City/State and Zip Code	······································
		ANGIE@ ANGIELAW.CO		<del></del>
		E-mail address: ()	to be used for future annual report notifi	cation)
For furth	ner information co	oncerning this matter, please cr	4H:	
ANGELA II. PARTINGE			305 476-1773	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	e following amount:		
	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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

ISAVAUC, LLC	97149 HAY 20 P 28 28	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 3/18/2019 and assigned	
Florida document number 1.19000074280		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
AC SPORT USA, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	66 WEST FLAGLER STREET	
Principal office address MUST BE A STREET ADDRESS)	SUITE 1202	
Timepar office duaress megration in officers in bitsogr	MIAMI, FL 33130	
Enter new mailing address, if applicable:	66 WEST FLAGLER STREET	
Mailing address MAY BE A POST OFFICE BOX)	SUITE 1202	
munic dustess mile barre our respectively	MIAMI, FL 33130	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the ne e:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City Zip Code	
<del></del>	City Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered ageny 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>	Name	Address	Type of Actio
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ocuse date. If other than	the date of filing:	(optional)  Sing or more Con Milwy after filing ) the count to 64. Visions (filing responsements, this date will not be listed

Typed or praced name of signer