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COVER LETTER

PACELINE SPORTS LLC SUBJECT: _____ 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: Javier Markowicz Name of Person Markowicz International Law Firm/Company 2999 NE 191 St Suite # 702 Address Aventura, FL, 33180 City/State and Zip Code jmarkowicz@mrkinternationallaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Javier Markowicz Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

	PACELINE SPORTS LLC	2010	100
(Name of the Limited (A	PACELINE SPORTS LLC Liability Company as it now appears A Florida Limited Liability Company)	on our records.)2 10	25 AHH: 06
The Articles of Organization for this Limited Liab	bility Company were filed on	05/09/2019	and assigned
Florida document numberL19000126074	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company he	r <u>e</u> :	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the de	signation "Lt.C" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>)		
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, enter	r the name of the
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	ida 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

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ricardo Dager	2999 NE 191 St # 702, Aventura, FL, 33180	
			Remove
			Change
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. If amending any o	other information,	enter change(s) here:	(Attach additional	sheets, if necessary,)
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Note: If the date in	serted in this block de	of filing:	o date of filing or more to ole statutory filing rec	(optional) han 90 days after filing.) quirements, this date v	Pursuant to 605.0207 (3) vill not be listed as the
	fies a delayed effe after the record i	ective date, but not is filed.	an effective time	e, at 12:01 a.m. c	on the earlier of:
DatedNovem	nber 19	2019			
	Signa	ature of a member or author	ized representative of a	member	
	Javier M	1arkowicz			

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Typed or printed name of signee

Filing Fee: \$25.00