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COVER LETTER

TO:	Registration Se Division of Cor			•
	FT SPORT	LLC	•	
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	indence concerning this matter	to the following:	
		FARLY PORTILLA		
			Name of Person	
			Firm/Company	
		9217 SW 227TH STREET	UNIT 10	
		-	Address	
		CUTLER BAY, FL 33190		
			City/State and Zip Code	
		farlyyorleyportillaj@gmail. E-mail address: (com to be used for future annual report not	ification)
For furt	her information c	oncerning this matter, please c	·	,
FARLY	PORTILLA		305 930-2021 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	ed is a check for th	he following amount:		
■ \$25	5.00 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		Street Address: Registration Sc		
Division of Corporations P.O. Box 6327		Division of Co The Centre of		
	Tallahassee,			ne Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FT SPORT LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number L20000053417		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	C" or the abbreviation "L.C."
N/A		福和
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	MSX III
Principal office address MUST BE A STREET ADDRESS)		
		## The state of th
		Kar P
Enter new mailing address, if applicable:	Ν/Λ	
Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	: address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street addre:	
	, FI	lorida 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
AMBT	JIMENEZ FLOREZ. MARIA T	9217 SW 227TH STREET UNIT 10	□ Add
		CUTLER BAY, FL 33190	■ Remove
			□Change
			□ Add
			□Remove
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	N/A
Note:	ive date, if other than the date of filing: N/A (optional)
the red o) The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	· · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	FARLY PORTILLA
	Typed or printed name of signee

Filing Fee: \$25.00