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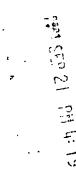
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	ort SCOLLECTO Name of Lim	(S 305 LLC)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Laure	ent D prad	<u>e </u>
	_Sportso	UKCTOYS 305 1	LLC
	(407	SW 152 Pla	ce
	Miami	TL 33193 City/State and Zip Code	
	SONAS (i	to be used for future annual report notes	amail. (Om
For further information of	concerning this matter, please ea	ıll:	
LAUYEN- Name o	D PYARL	at (305) 35 A 7	G- 6977 Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ný as it now appears on our i liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000 376 52.9</u>	were filed on	1 30 30 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation	"LLC" or inelabbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		, to	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Pii 4: 19	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>c</u>	enter the name of the new regi	stered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street e	address	_
	799	, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MAR	Antonio Challub	14521 sw 71 Lane	XAdd
		Miami, Fl 33183	□Remove
			□Change
MAR	Manuel A Marine	6907 SW 152 pla Miami, FL 33193	<u>10</u> 7.□Add
		Miami, FL 33193	X Remove
			[]Change
			□Add
			Remove
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ctive date, if other t	han the date of filing:		(optio	onal)
effective date is listed, the e: If the date inserted	date must be specific and cannot this block does not meet the	ot be prior to date of filing he applicable statutory	or more than 90 days after filing requirements, this	tiling.) Pursuant to 605.020 s date will not be listed a
	on the Department of State's			
ford specifies a delayed filed.	effective date, but not an ef	fective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day after the
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a Septem	mr 13.2	1021.		
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	Signature of a member	er or authorized represent	rative of a member	
	Signature of a memor	er or additional edite present	active of a memoer	

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