## L21000036398

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	ation Section n of Corporations		
CP SUBJECT:	SPORT FLORIDA LLC	<b>.</b>	
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Art	icles of Amendment and fee(s) are si	abmitted for filing.	
Please return all	correspondence concerning this matte	er to the following:	
	Fabiana Ulla		
	<del>-</del>	Name of Person	
	Pioneer Mortgage Fundi	ng	
	-	Firm/Company	
	2108 NE 123 St		
		Address	
	North Miami FL 33181		
	fabiana@oceanprocessing E-mail address:	City/State and Zip Code .info (to be used for future annual report noti	tication)
For further inform	nation concerning this matter, please	call:	
Fabiana Ulla		954 394-6814	
	Name of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a che	ck for the following amount:		
■ \$25.00 Filing	Fee S30.00 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)
	Address: ation Section	Street Address: Registration Sec	ction
Divisio	on of Corporations	Division of Cor	porations
P.O. Be	ox 6327	The Centre of T	`allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CPSPORT FLORIDA 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 01/19/2021 and assigned 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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 \_\_\_\_\_. Florida \_\_\_\_\_ 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 we the provisions of all statutes relative to the proper and complete performance of my duties, and I am familier 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 iability company has been notified in writing of this change.

Cirv

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
MBR	CABRERA, FABRICIO J	2108 NE 123 St North Miami FL 33181	
			Remove
			Change
MBR CABRERA, JULIETA M	CABRERA, JULIETA M	2108 NE 123 St North Miami FL 33181	□Add
			≣Remove
			□Change
			□Add
			□Remove
			—— □Change@
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			Renjoye  ☐ Change
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Effective date, if other than	must be specific and cannot be	prior to date of filing or m	(optional) ore than 90 days after filing	) Domming to (05 000	7 (3)(b)
Note: If the date inserted in the document's effective date on the	is block does not meet the a	policable statutory filin	g requirements, this date	will not be listed as	s the
e record specifies a delayed efferd is filed.		ive time, at 12:01 a.m.	on the earlier of; (b) Th	e 90th day after the	ę
	202			7021	`
, February 11th, ,	2021	<u> </u>		MAR	T
Dated				: > \ <b></b>	~

Filing Fee: \$25.00