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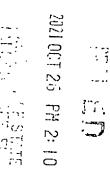
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COVER LETTER

TO:	Registration So Division of Cor		, , , , , , , , , , , , , , , , , , ,	
CHD 112	MIAMI SP	ORTS BOX LLC	,	•
SUBJE	CI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
			Name of Person	
		LFM ACCOUNTING SOI	LUTIONS, LLC	
			Firm/Company	
		8805 NW 111th AVE UNI	TT 203	
			Address	
		DORAL, FL 33178		
		11 11016	City/State and Zip Code	
		maldonadol@lfmaccounting E-mail address: (g.com to be used for future annual report not	ification)
For furth	ner information c	concerning this matter, please c	all:	
LENNIS	S M MALDONA	ADO	786 218-3881	
	Name o	l' Person	Area Code Daytin	ne Telephone Number
Enclosed	d is a check for t	he following amount:		
■ \$25	.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		<u>Street Address:</u> Registration Se	ection
	Division of C	Corporations	Division of Cor	rporations
	P.O. Box 632	27	The Centre of Tallahassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI SPORTS BOX LLC

2021 OCT 25 PH 2: 1

(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 $\frac{07/13/2021}{1}$ Florida document number 1.21000320001 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 "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 Addres ..: Enter Florida street address _, Florida ___ Ciry

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 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
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Effective date, if other If an effective date is listed, the Note: If the date inserted document's effective date	in this block does	ific and cannot be pric s not meet the appli	or to date of filing or m icable statutory filin	are than 90 days after fil	ine) Purspant to 605.0207 (
ne record specifies a delayed rd is filed.	d effective date, b	out not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
October 15 Dated		2021			
Docus	Igned by:	·	·		
	Fatecseans Signatur	e of a member or aut	horized representative	of a member	

Filing Fee: \$25.00