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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:	CARACAS SI	PORTS CLUB LLC	
SOBOLOT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Antonio Zerpa	
		Name of Person	
	CAF	RACAS SPORTS CLUB I	LLC
		Firm/Company	-
	66 West	Flagler Street, Suite 900 -	#7842
		Address	
		Miami, Florida 33130	
		City/State and Zip Code	
		eria@caracassportsclub.co	
	E-mail address: (to be used for future annual	report notification)
For further information c	oncerning this matter, please co	all:	
Antonic	o Zerpa	305 at ()	600.4329
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enci	Certificate of Status &
Mailing Addres Registration S Division of C	Section orporations	Divisio	ation Section 1 of Corporations
P.O. Box 632	. /	The Cer	ntre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARACAS SPORT	S CLUB LLC 522 trans		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	S CLUB LLC 2027 Kmy 20 Fr 2: 11 Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	N. 1. W. 2022		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC."		
Enter new principal offices address, if applicable:	66 West Flagler Street Suite 900 - #7842		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33130 USA		
Enter new mailing address, if applicable:	66 West Flagler Street Suite 900 - #7842		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33130 USA		
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 the name of the new register</u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida 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 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
MGR	Luis Fernandez	Av Las Esmeraldas Res La Esmeralda Ap A2B	□Add
		Caracas, MI 1083 VE	≣Remove
			□Change
MGR	Luis Fernandez	1955 Bells Ferry Road Ap 836	■Add
		Marietta, GA 30066 USA	□Remove
			□Change
			□Add
			□Remove
			□Change
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f an effecti Note: If the document	ive date is listed, the date the date inserted in this is effective date on the pecifies a delayed effec	must be specific ar s block does not e Department of	nd cannot be prior meet the applic State's records	able statutory filia	nore than 90 days af ng requirements, t	ter filing.) Pursuant to his date will not be	listed as

Filing Fee: \$25.00