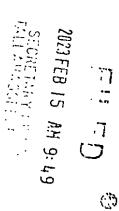
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	Acc#I2016000	00072 GO: () - W
Name:	Upper Sports Management,	LLC
Document #:		
Order #:	14784507 - 1	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Country of Destination	ation:
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Thank you!

COVER LETTER

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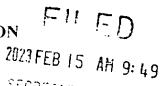
TO:

	R SPORTS MANAGEMENT, L	LC
SUBJECT:	Name of L	imited Liability Company
The enclosed Articles	s of Amendment and fee(s) are s	submitted for filing.
Please return all corre	espondence concerning this matt	ter to the following:
	Name of Limited Liabilay Company If Articles of Amendment and fee(s) are submitted for filing. Latl correspondence concerning this matter to the following: LYNN REARDON, SENIOR PARALEGAL Name of Person SQUIRE PATTON BOGGS (US) LLP Finn/Company 201 E. FOURTH STREET, SUITE 1900 Address CINCINNATI, OH 45202 City/State and Zip Code LYNN.REARDON@SQUIREPB.COM F-mail address: to be used for future annual report notification) Information concerning this matter, please call: RDON Name of Person At (1) Area Code Daytine Telephone Number A check for the following amount: Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Registration Section Vision of Corporations Division of Corporations Division of Corporations Division of Corporations The Centre of Tallahassee	
		Name of Person
	SQUIRE PATTON BO	GGS (US) LLP
		Firm/Company
	201 E. FOURTH STRE	ET, SUITE 1900
		Address
	CINCINNATI, OH 452	02
		City/State and Zip Code
	_	RTS MANAGEMENT, LLC Name of Limited Liability Company mendment and fee(s) are submitted for filing. dence concerning this matter to the following: LYNN REARDON, SENIOR PARALEGAL Name of Person SQUIRE PATTON BOGGS (US) LLP Finn/Company 201 E. FOURTH STREET, SUITE 1900 Address CINCENNATI, OH 45202 City/State and Zip Code LYNN.REARDON@SQUIREPB.COM B-mail address: (to be used for future annual report notification) secreting this matter, please call: Area Code Total Daytime Telephone Number following amount: S30.00 Filing Fee & Certificate of Status Certificate of Status S55.00 Filing Fee & Certificate of Status & Certificate Opy (additional copy is enclosed) Street Address: Registration Section Division of Corporations
For further information		
LYNN REARDON	, , , , , , , , , , , , , , , ,	513 361-1259
Nar	me of Person	Area Code Daytime Telephone Number
Enclosed is a check f	or the following amount:	
□ \$25.00 Filing Fe		Certified Copy Certificate of Status & Certified Copy Certified Copy
Division o	of Corporations	Division of Corporations
	6327 ee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

OF





UPPER SPORTS MANAGEMENT, 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 Compar	y were filed on 12/16	/2022 and as	signed
Florida document number L22000531032			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desig	mation "LLC" or the abbreviation "I	"L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	1065 SW 8TH STE		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33130	<u> </u>	
(maning man List 1917) DEAT OUT OF THE DOOR			
Name of New Registered Agent: New Registered Office Address:	Enter Florida	street address	
		Florida	
-	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my s provided for in Cha	duties, and I am familiar wi pter 605, F.S. Or, if this doc	ith and ument is
If Ch	anging Registered Agent	Signature of New Registered Age	. <u> </u>

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>	Name	Address	Type of Action
MGR	BETANCOURT, DAVID RAMOS	1065 SW 8TH STREET, PMB 5132	= Add
		MIAMI, FL 33130	□Remove
MGR SALMON, SANTIAGO ROBERTS	1065 SW 8TH STREET, PMB 5132	= Add	
		MIAMI, FL 33130	□Remove
			☐ Change
			□Add
			□Remove
			□ Change
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ffective date, if other than the an effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	block does not me	eet the applicab	date of filing or mole statutory filing	(option ore than 90 days after grequirements, this	onal) filing.) Pursuant to 6 date will not be li	05.0207 sted as
record specifies a delayed effect d is filed.	ive date, but not a	nn effective tim	e, at 12:01 a.m. (on the earlier of: (b)	The 90th day at	ter the
February 14	,	2023	_ ·			
/s/ Eduardo Mendoza						
	Signature of a m	ember or authori	zed representative	of a member		
	•					

Filing Fee: \$25.00