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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
/Ru	siness Entity Name	<u> </u>
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(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor			, -
METASPO	ORTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	•
	Name of Lim	неа главину Сотрапу	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	LUISANA GIL		
		Name of Person	
	METASPORTS LLC		
		Firm/Company	<u> </u>
	4444 GUMBO LIMBO DE	RIVE	
		Address	
	ORLANDO, FL, 32822		s 20
	metasports19@gmail.com	City/State and Zip Code	SECTIVE
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	5 n 11%
Luisana Gil	-	407 9328460	AM 8: 3
Name o	of Person	Area Code Daytime Telephone	Number m
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) (50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	ee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

METASPORTS LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Company)	y appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number	d on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<u></u>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	5 ZC 23 I
B. If amending the registered agent and/or registered office address or	
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	(/) ⁻¹
·	SSEE S
Name of New Registered Agent:	8: 3 E 3
New Registered Office Address:	
E	nter Florida street address
	, Florida

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.

Ciry

Zip Code

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 ———	RG SOLUCIONS GROUP	4444 GUMBO LIMBO DREVE, ORLANDO, FL, 32822	□Add
			= Remove
			□Change
			□ Add
			□ Remove
			□ Change
	-		□ Add
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(If an offec Note: If	e date, if other than the cative date is listed, the date must fithe date inserted in this bloomt's effective date on the De	be specific and cannot be ack does not meet the ap	prior to date of filing or a pplicable statutory fili	(option nore than 90 days after fil ag requirements, this d	ling.) Pursuant to 605.0	020 7 (d as t
e record ord is filed	specifies a delayed effective d.	date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after	the
	1/07	. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>			
		- Charles				
		Signature of a monthly or	authorized representativ			

Filing Fee: \$25.00