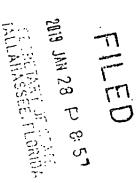
M60000862

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



700323957027



19 JAN 28 PH 1: 47

1/29119 05

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

XXXX AMENDMENT

CERTIFIED COPY
XX PLAIN STAMPED COPY

Pnone: 8	350-558	3-1500					
		ACCOUNT NO	. :	12000000	00195	2819 TALL	••
		REFERENCE	Ξ :	607899	72195	505 E	T1
		AUTHORIZATION	١ :	Squa	Kena	JAN 28	T
		COST LIMIT	Γ;	\$ 25.00		T. T	
ORDER DA	ATE :	January 25, 201	L9	. •	·	8: 57	
ORDER TI	IME :	11:55 AM				•••	
ORDER NO). :	602897-055					
CUSTOMER	R NO:	7219505					
					·		
		FOREIGN	FILI	NGS			
N	IAME :	0101 MIAMI,	LLC				
LI		PARTNERSHIP					
XX LI	TMITED	LIABILITY COMPA	YN X				

____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Roxanne Turner -- EXT# 62969 EXAMINER:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

COVER LETTER

TO: Registration Section

Division of Corporations				
SUBJECT: 0101 Miami, LLC Name of Foreign	Limited Liab	ility Comp	any	
Dear Sir or Madam:				
The enclosed application, certificate and fee(s) a	re submitted f	or filing.	7 2	
Please return all correspondence concerning this	matter to the	following:	1112年	7
Lorri E. Strizich			2019 JAN 28 SECRETARY TALLAHASSE	
Name of Person		_	THE TO SE	Ċ
Hogan Lovells US LLP			8: 57	
Firm/Company	··· ··· -	-	,	
1601 Wewatta Street, Suite	900			
Address		-		
Denver, CO 80202				
City/State and Zip Code		_		
E-mail address: (to be used for future annual r	eport notifica	tion)		
For further information concerning this matter, p	lease call:			
Lorri F. Strizich	at (303	454-	2412	
Name of Person	\ 	& Daytim	e Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registra Divisio P.O. Bo	ING ADDRESS: ation Section of Corporations ox 6327 ssee, Florida 32314	
Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee & Certificate of Status CR2E055 (9/15)	S55 Filia Certifie	-	S60 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida Department of		
State: 0101 Miami, LLC			
Enter new principal office address, if applicable:	c/o M Sports Ventures, LLC		
(Principal office address MUST BE A STREET ADDRESS)	800 Douglas Road, 12th Floor		
	Coral Gables, FL 33134		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above. Some as above. Some as above. Some as above.		
2. The Florida document number of this limited lia	ability company is: M1600000802		
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida:	01/29/2016		
SECTION II (5-9 complete only the applicable	changes)		
5. New name of the limited liability company: (mus	Inter Miami Marketing, LLC st contain "Limited Liability Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C	I for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name c." or "LLC.")		
6. If amending the registered agent and/or registered registered agent and/or the new registered office agent.	ed officer address on our records, enter the name of the new ddress here:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida Street Address		
	, Florida		
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited		

itle/ Capacity	<u>Name</u>	Address	Type of Action
			Add
			Remove JAN 28 F
			Remove 5
 -			Add
			Remove
			Add
			Remove
			Add
Attached is a certific	cate, if required; no more than 90 and ment(s), duly authenticated by	days old, evidencing the she official having custody of records in the	Remove

Filing Fee: \$25.00

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID '0101 MIAMI, LLC',

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'INTER

MIAMI MARKETING, LLC' ON THE TWENTY-FIFTH DAY OF JANUARY, A.D.

2019, AT 2:40 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

Authentication: 202152788

Date: 01-28-19

5888716 8320 SR# 20190525441