PO 10000H2961

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SEP 07 2017

COVER LETTER

	COVER LETTER	
TO: Amendment Section Division of Corporations		2011 SEP - 5 MH 10: 378
NAME OF CORPORATION: KAPTIVA SPO	RTS INC	
P07000042961		7 .
DOCUMENT NUMBER:		0
The enclosed Articles of Amendment and fee are	submitted for filing.	ني
Please return all correspondence concerning this	matter to the following:	•
ALEX ORTIZ, CPA		
	Name of Contact Person	
E ALEX ORTIZ, CPA, P	<u> </u>	
	Firm/ Company	
2727 PONCE DE LEON	Address	
CORAL GABLES, FL 3		
	City/ State and Zip Code	
ALEX@ALEXORTIZCPA.CO] DM 	
E-mail address: (to	be used for future annual report notification)	
For further information concerning this matter,	please call:	
ALEX ORTIZ	at (305) 340-2000 Area Code & Daytime Telephone Number	_
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount m		
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation of

	Articles of Amer	ndment	MISEO S RAID 3
	to Articles of Incorp	ooration	80
CAPTIVA SPORTS INC	of		٠ ٠٠٠
	oration as currently fi	iled with the Florida Dept. of State)	24
207000042961	T		
(1	Document Number of Co	orporation (if known)	&*
ursuant to the provisions of section 607.1006, I s Articles of Incorporation:	 Florida Statutes, this Flo 	orida Profit Corporation adopts the following a	mendment(s) to
. If amending name, enter the new name of	the corporation:		
			he new
ame must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	Tearn Inc. or Co	" "company," or "incorporated" or the abbi o". A professional corporation name must con A."	reviation stain the
3. Enter new principal office address, if app		1000 W PEMBROKE ROAD, STE 301/302	
Principal office address MUST BE A STREE	TADDRESS)	HALLANDALE BEACH, FL 33009	
C. Enter new mailing address, if applicable	CE BOY	1000 W PEMBROKE ROAD, STE 301/302	
(Mailing address MAY BE A POST OFFI	 	HALLANDALE BEACH, FL 33009	
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office addre	ess in Florida, enter the name of the	
Name of New Registered Agent	<u> </u>		
100	O PEMBROKE ROA	AD, STE 301/302	
•••	(Florida stre	et address) 33009	
New Registered Office Address:	LEANDALE BEACH	, Florida 33009 (City) (Zip C	iode)
	,	City	
New Registered Agent's Signature, if change I hereby accept the appointment as registered	ing Registered Agent: agent. I am familiar w	with and accept the obligations of the position.	
	1		-
	Signature of New R	Registered Agent, if changing	
	II		

(Attach additional snee	diameter sinta bucha	first letter of the office title:	The state of the s
D. D. Donaldana Man Min	- Duscident: To Try	onsurer' Se Secretory D= Director: [K	= Trustee; C = Chairman or Clerk; CEO = Chief
Executive Officer; CFO) = Chief Financia	l Officer. If an officer/director notas mi	ore than one title, list the first letter of each office
t tt market a Trans-	Dinantar would	ha PTD	
Changes should be not	ed in the following I	manner. Currently John Doe is listed as	the PST and Mike Jones is listed as the V. There is
a change, Mike Jones i	leaves the corporati	on, Sally Smith is named the v and 3. 16	ese should be noted as John Doe, PT as a Change,
Mike Jones, V as Remo	ive, and Sally Smith,	SV as an Aaa.	
Example:	PT John D	one I	
X Change		İ	
X Remove	<u>V</u> <u>Mike l</u>	ĮI	
X Add	<u>SV</u> <u>Sally S</u>	Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)	M.DIRE	ENRIQUE GUIJARRO CANO	1000 W PEMBROKE RD
1) Change Add			STE 301/302
Add		ı	HALLANDALE BCH, FL 33009
Remove		Ì	
2) X Change	Aresident	ORIOL SALA	1000 W. Pentrake. Rd.
Add			Suite 301/302
Remove			Hallandele Beach, FL 33099
3) X Change	V.P.	IVAN DAZA	1000 W. Pernbroke Road
,			Suite 301/302
Add			Hellendale Beach, FL 3300A
Remove			The state of the s
4) Change			
Add			
Remove		l I	
Kemove			
5) Change			
Add		1	
Remove		1	
 -			
6) Change			
Add			
Remove			
		Page 2 of 4	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles, (Attach additional sheets, if necessary). (Be	enter change(s) here:
(Attach additional sheets, if necessary). (Be	specific
	1
	1
	11
F. If an amendment provides for an exchange	reclassification, or cancellation of issued shares.
provisions for implementing the amends	nent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	11

The date of each amendment		if other than the
ine date of each amendment late this document was signed.	(s) adoption.	
	08/17/17	ĺ.
Effective date <u>if applicable</u> :		(no more than 90 days after amendment file date)
Note: If the date inserted in document's effective date on the	this block does no he Department of S	t meet the applicable statutory filing requirements, this date will not be listed as the state's records.
Adoption of Amendment(s)	(<u>CH</u>	SCK ONE)
The amendment(s) was/we by the shareholders was/w	re adopted by the s ere sufficient for a	hareholders. The number of votes east for the amendment(s)
☐ The amendment(s) was/we must be separately provide	re approved by the ed for each voting	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amen	 dment(s) was/were sufficient for approval
by		,"
	(vot	ing group)
☐ The amendment(s) was/we action was not required.	ere adopted by the	board of directors without shareholder action and shareholder
☐ The amendment(s) was/we action was not required.	ere adopted by the	incorporators without shareholder action and shareholder
Dated_ <u>↓</u> Signature↓	(1)<	\$\frac{1}{2017}
(By a director, pressclected, by an inco	sident or other officer – if directors or officers have not been or or or other court or – if in the hands of a receiver, trustee, or other court y by that fiduciary)
	ORIOL SA	رياً
		(Typed or printed name of person signing)
	PRESIDE	NT;
		(Title of person signing)
		l
		Page 4 of 4