## P130000 29428

(Requestor's Name)	-
(Address)	-
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	-
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:  Received faxed arrestors on  144.114 par customer (quest.)	
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June 3, 2019

PEDRO MADEIRA MULTISPORTS USA INC 4005 NW 114TH AVE UNIT 6 DORAL, FL 33178

SUBJECT: MULTISPORTS USA INC

Ref. Number: P13000029428

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE LETTER D ON PAGE 1 OF 4 WITH THE REGISTERED AGENT INFORMATION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 719A00010991

Susan Tallent Regulatory Specialist II

www.sunbiz.org

Tallahassee, FL 32301

TO: Amendment Section

## COVER LETTER

Division of Corpor	ations		
NAME OF CORPOR	ATION: MULTISPORTS U	SA INC	
	ER: P13000029428		
•	f Amendment and fee are sub		
Please return all correst	pondence concerning this mat	ter to the following:	
:	PEDRO MADEIRA		<u>.</u> _
-		Name of Contact Person	
_	MULTISPORTS USA INC		
_			
-	4005 NW 114TH AVE UNIT		
	MAN 11 M 22176	Address	
-	DORAL, DL 33178	City/ State and Zip Code	
		City/ State and Zip Code	i
fernan	da@multisportsusa.com		
	E-mail address: (to be us	ed for future annual report	potification)
For further information	concerning this matter, pleas	so cali:	
PEDRO MADEIRA		786 st (	6538144
PEDRO MADEIRA  Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dopa	irtment of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Malling Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Cliston	Address Internal Section on of Corporations Building executive Center Circle

## Articles of Amendment to Articles of Incorporation of

MULTISPORTS USA INC			,-
(Name of Corporation as current	ly filed with the Florida Dept. o	(State)	
P13000029428			
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adog	ots the following amendment(s)	to
A. If amending name, enter the new name of the corporation:			
د مدم د سرمه و همو به در برد م در د و و و و فرو و د منت ، با مرف به و و و د م و شدند اساده پر برو و و و و د م د د د مرف د مرف و و د مرف د د مرف		The new	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A projessional carparau	nted" or the abbreviation on name must contain the	
B. Enter new principal office address, if applicable:	*******************	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)	-4-4	cs 2	
		T	¥
			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2-0		•
(National Parties of State of	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		ŀ
			)
		<u> </u>	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre-	dress in Florida, enter the name SS:	· · · —	
Name of New Registered Agent			
•	~ d p + + + = + = +		
(Florida s	street address)	<u>.</u>	
***************************************		Florida	
New Registered Office Address:	(Ciny)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen	nt:		
I hereby accept the appointment as registered agent. I am família	r with and accept the obligations	of the position.	
Signature of New	Registered Agent, If changing		
Cignutal Collins	Trade to the control of the control		

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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	2.11.	y 4	
X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change	<del></del>		
Add			
Remove			
3) Change	<del></del>	**************************************	
Add			and the second s
Remove			
4) Change	مداسم	Any of the part and any deposit to making a gas.	
Add			- Andrews
Remove			And the state of t
5) Change	<del></del>		***************************************
Add			
Remove			
0 01		-4-4	
6) Change		Commence of the Commence of th	
Add Remove			
L'ANTON L'ONGO & C			

<u>It amending</u> (Attach <i>addi</i> i	tional sheets, if necessary). (Be specific)
	propartion Article III.
e purpose of	our business has changed and we need to update the Articles of Incorporation accordingly, as follows:
CTICLE III:	CLOTHING AND ACCESSORIES
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<del> </del>	
-+-3	
<del> </del>	
	The state of the s
<del>,</del>	the state of the s
provision	adment provides for an exchange, reclassification, or cancellation of issued shares, a for implementing the amendment if not contained in the amendment itself; applicable, indicate N/A)
···	
<del></del>	
	The state of the s

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this d	late will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment flicient for approval.	s(s)
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The fallowing stater each voting group entitled to vote separately on the amendment(s):	nent
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	pted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
May, 14th Dated	Mollymmy Phylips	
(By a d selecte	firector, president or other officer - if directors or officers have not beed, by an incorporator - if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	oht T
	PDRO MADEIRA	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	•