

LIS000013590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

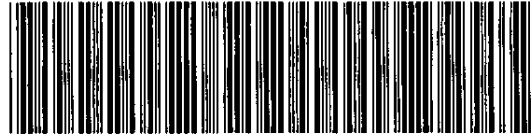
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900273723599

06/12/15--01016--027 \*\*25.00

FILED  
2015 JUN 12 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Custigan JUN 10 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ALMD Soccer LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos Tarrab  
Name of Person

\_\_\_\_\_  
Firm/Company

16445 Collins Ave #1825  
Address

Sunny Isles FL 33160  
City/State and Zip Code

Tarrab, carlos @ gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Tarrab at ( 305 ) 890-5353  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2015 JUN 12 PM 2:13

ALMO SOCCER LLC

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

(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 Company were filed on 1/22/15 and assigned Florida document number 15000013590.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

16445 COLLINS AVE # 1825  
SUNNY ISLES FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16445 COLLINS AVE # 1825  
SUNNY ISLES FL 33160

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Carlos Tarrab

New Registered Office Address:

16445 COLLINS AVE # 1825

*Enter Florida street address*

Sunny Isles

*City*

Florida

33160

*Zip Code*

**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.*

CT

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	ENCKSON & Schamy PA	11900 BISCAYNE BLVD	<input type="checkbox"/> Add
		#522 MIAMI FL 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Carlos Tarrab	16445 COLLINS AVE #1825	<input checked="" type="checkbox"/> Add
		SUNNY ISLES FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Lined area for text entry.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60A-0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier  
(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_.

*CT*

Signature of a member or authorized representative of a member

*canos Tarrab*

Typed or printed name of signee

FILED  
JUN 12 PM 2:13  
DEPARTMENT OF STATE  
TREASURER  
FLORIDA