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(Reque	stor's Name)	
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D SCOTT
JUL 10 2017

- COVER LETTER

TO:	Registration Se Division of Cor		<u> </u>		
		BIRDS SOCCER ACADEMY	LLC		
SUBJE	C1:	Name of Lin	nited Liability Company		
The enc	closed Articles of	Amendment and fee(s) are sub	unitted for filing.		
Please r	return all correspo	ndence concerning this matter	to the following:		
		CLEITON CARDOSO			
			Name of Person		
		DOMINIUM CONSULTI	NG SERVICES, LLC		
			Firm Company		
		6965 PIAZZA GRANDE	AVE, SUITE 206		
			Address		
		ORLANDO - FL 32835			
			City/State and Zip Code		
		INFO@DOMINIUMCS.Co	OM (to be used for future annual report no	(diestion)	
For fur	ther information c	oncerning this matter, please o		aneanon)	
	ARDO FIGUEIRE		407 374,2329		
	Name o	f Person	at () Area Code — Daytii	ne Telephone Number	
	ed is a check for the 5,60 Filing Fee	ne following amount: S30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	Certificate of Status & 🕍	
			(additional copy is enclosed)	(additional copy is enclosed)	-
			SPANDSAN	10 m	
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YELLOW BIRDS SOCCER ACADEMY, LLC

(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 Liabilit	y Company were filed on $03/2$	3//2015	and accimed
Florida document number 1.15000051732			and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the	imited liability company her	<u>e</u> ;	
YELLOW BIRDS SPORTS ACADEMY, LLC			
The new name must be distinguishable and contain the words "	Limited Liability Company," the des	ignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re		our records, <u>enter tl</u>	ne name of the new
registered agent and/or the new registered office a	daress nere:		•;
Non-ession Device and Assess			
Name of New Registered Agent:			
New Registered Office Address:			
		a street address	
_		, Florida	<u> </u>
			Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:		
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an			
accept the obligations of my position as registered			
being filed to merely reflect a change in the regist	ered office address. I hereby		
company has been notified in writing of this chan	Le.		

If Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	Address	Type of Action
AMBR	ALEXANDRE BACCI	8450 POWDER RIDGE TRL	a Add
		WINDERMERE- FL 34786-9465	□ D
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Effective date, if other than the (If an effective date is listed, the date in	te date of filing: just be specific and cannot	he prior to date of fili	ng or more than 90 day	[optional] s after filing.) Pursuant to 60:	5.0207 (3
Note: If the date inserted in this	block does not meet the	applicable statutor	y filing requirement	s, this date will not be list	ed as the
document's effective date on the	Department of State's r	ecorus.			
					_
the record specifies a delay The 90th day after the re		out not an effec	tive time, at 12:	U1 a.m. on the earli	er of:
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	2017				
Datud MAY , 25					
Dated MAY : 25	·	·		•	•
Dated MAY: 25	·	·		•	•
Dated MAY: 25	Signature of a member	or authorized represe	ntative of a member		•

Page 3 of 3

Filing Fee: \$25.00