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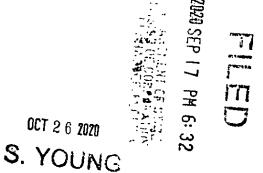
(Re	questor's Name)	
	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

0727117773	VOLUMBAL LLC		•		
SUBJECT: SOCIETY	YOLLEY BALL, LLC Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ANA B LAZARO				
		Name of Person			
	SOCIETY VOLLEYBAL	L, LLC			
		Firm/Company			
	9146 SW 130 LANE				
		Address			
	MJAMI, FLORIDA 33176	ó			
	City/State and Zip Code SOCIETYVOLLEYBALL@GMAIL.COM				
		to be used for future annual report not	itication)		
For further information c	oncerning this matter, please c				
ANA B LAZARO		305213-3337			
	f Person	at (305 Area Code) 213-3337 Daytim	ne Telephone Number		
Enclosed is a check for the	nc following amount:				
■ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:	.•		
Registration S Division of C			Registration Section Division of Corporations		
P.O. Box 632		The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

떭

SOCIETA VOLLEA BALL, ALC		
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on ordical Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on SEPTEN	IBER 08, 2020 and assigned
This amendment is submitted to amend the following:		32
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	F [7] - · 1	The state of the s
	Enter Florida stre	ver aaaress
		Florida
	City	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.

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

<u>Title</u>	Name	Address	Type of Action
MGR	ANA B LAZARO	9146 SW 130 LANE MIAMI, FL 33176	■Add
			□Remove
			□Change
AMBR	GABRIELA S LAZARO CICERO	13108 SW 90 PLACE MIAMI, FL 33176	∃ Add
			Петюve
			□Change
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
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<u>ote:</u>	we date, if other than the date of filing:
record is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	SEPTEMBER 15 2020
ated .	2 Days
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00