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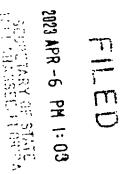
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A. RAMSEY MAY 3 0 2023

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	MENDIS SOCCER TRAINING L	LC	
SUBJECT.	Name of Li	mited Liability Company	
The enclosed Ar	rticles of Amendment and fee(s) are st	ibmitted for filing.	
Please return all	correspondence concerning this matte	er to the following:	
	SERGIO A. M	IENDEZ	
		Name of Person	
	MENDIS SO	CCER TRAINING LLC	
		Firm/Company	
	100 GOI	DENISLES DRIVE 803	
		Address	
	HALLAND	ALE BEACH FL 33009	
		City/State and Zip Code	
	sergion	endezarah l@gmail.com	
	E-mail address	to be used for future annual report noti	fication)
For further infor	mation concerning this matter, please	call:	
SERGE	O A MENDEZ	786 , 6604962	
	Name of Person	at (786)6604962 Area CodeDaytim	e Telephone Number
Enclosed is a ch	eck for the following amount:		
€ \$25.00 Film	ng 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)
Regist Divisi P.O. E	g Address: tration Section on of Corporations Box 6327 passee, FL 32314	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2023 APR-6 PM 1: 03

MENDIS SOCCER TRAINING LLC	<u>.</u>	• •	14.1.39	Γ:	<i>U</i> ,
 The state of the s					

(<u>Name of the Limited Liability Company</u> : (A Florida Limited Liab	ility Company)	,	mates taken s
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on	07/01/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	y company h	<u>ere</u> :	
MENDIS LLC		_	
MENDIS LLC 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:		LDEN ISLES DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	HALLA	ANDALE BEACH FL	33009
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) -	HALL	LDEN ISLES DRIVE ANDALE BEACH FL	33009
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here: Name of New Registered Agent:		records, enter the na	
N D 1 1007 111			
New Registered Office Address:	Enter Fle	orida street address	
		. Flo rid a	<u> </u>
	Ciţy		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Florida	Zip Code
Thereby accept the appointment as registered agent and agree		Same to the first of	auroo to rymmle witl

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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			[](Thange
			[]Add
			□Remove
			[]Change
			□Remove
			□Change
			□Remove
			□Change

fective date, if other than the da n effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depa	te of filing:	207 (Las t
ecord specifies a delayed effective da is filed.	late, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ted APRIL 01	2023	
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Filing Fee: \$25.00