L23000347747

(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:				
Incorrect Form				
W240000205leG				
Incomect-Suffix				



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Office Use Only

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COVER LETTER

TO: Registration Section Division of Corporations	1 0			
SUBJECT: SOCCEY Tami	ily keviews. LLC			
Name of Limited Lia	bility Company			
The enclosed Articles of Amendment and fec(s) are submitted	for Client			
	·			
Please return all correspondence concerning this matter to the f	ollowing:			
John	1 R. King			
1	Name of Person			
	J A Final/Company			
766	7 SW 85th Lane			
1.1	Address			
Mia	MI FL 33156 State and Zip Code			
less annime	ed for future annual report notification)			
·	so to these simply eport isomestion)			
For further information concerning this matter, please call:				
John Lina	at (305) 490 - 4755			
Name of Person	Area Code Daytime Telephone Number			
V				
Enclosed is a check for the following amount:				
☐ \$25.00 Filing Fcc ☐ \$30.00 Filing Fce & ☐ \$	555.00 Filing Fee & \$60.00 Filing Fee,			
do 35 dack 1 a	(additional copy is enclosed) Certified Copy (additional copy is enclosed)			
He: 35 Check already cas	had from previous request			
Veck # 2973	C			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
······································	Tallahassee FL 32303			

ARTICLES OF AMENDMENT TO .

	RGANIZATION
Socry Family (Name of the Limited Liability Compa (A Florida Limited)	Review 7023 11 R 15 (7) 7:27
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000 347747</u>	were filed on $\frac{7/24/23}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	C
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	NA NA Enter Florida street address
	71

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.

City

Zip Code

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 = M $AMBR = A$	anager uthorized Member	·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□Remove
			□Change
			
			□ Remove
			Change
			OAdd
			□Remove
			DAdd
			□Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
			□Remove

_____ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (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 605.0207 (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 of: (b) The 90th day after the record is filed.
Dated3/11/24
Signature of a member of buthorized representative of a member
Typed or printell name of signee

Filing Fee: \$25.00

• • •

03/11/2024

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Amendment to Articles/ Soccer Family Reviews, LLC/ #L23000347747

To whom it may concern:

Attached please find the necessary paperwork to amend the articles of organization of Soccer Family Reviews, LLC. Please note that this is the second attempt as we failed to write the correct suffix the first time. Note that check #2973 in the amount of \$35 has already been cashed; as such, I trust an additional amount of \$25 will not be required.

Thank you in advance for processing this paperwork as soon as possible and we look forward to hearing from you soon.

Sincerelly

John King

RECEIVED

1.0AR 15 2024



February 7, 2024

JOHN R. KING 7867 SW 89TH LANE MIAMI, FL 33156

SUBJECT: SOCCER FAMILY REVIEWS, LLC

Ref. Number: L23000347747

We have received your document for SOCCER FAMILY REVIEWS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. YOU HAVE THE INCORRECT SUFFIX FOR YOUR AMENDING NAME.. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

FLORIDA PROFIT CORPORATIONFLORIDA LIMITED LIABILITY COMPANY. YOU HAVE THE INCORRECT SUFFIX FOR YOUR AMENDING NAME.

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: 724A00002644

Anissa Butler Regulatory Specialist II

www.sunbiz.org