

213000167028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

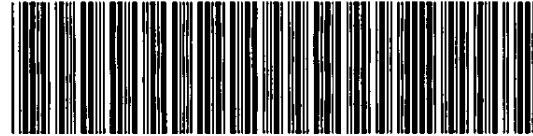
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

JUN 04 2014

D. BRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Major League Soccer 7, 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:

Casey R. Cummings  
Name of Person  
Casey R. Cummings PLLC  
Firm/Company  
1111 East Sunrise Blvd. #300  
Address  
Ft. Lauderdale, FL 33304  
City/State and Zip Code  
caseycummings@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Casey Cummings at ( 267 ) 980-2424  
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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Major League Soccer 7, 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 Liability Company were filed on 12/2/2013 and assigned Florida document number L13000167028

This amendment is submitted to amend the following:

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

US Soccer 7, LLC

The new name must be distinguishable and end with 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)

325 S. Biscayne Blvd.  
Apt 2514.  
Miami, FL 33131

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

325 S. Biscayne Blvd.  
Apt 2514  
Miami, FL 33131

**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:

Sham S Mohammed

New Registered Office Address:

325 S. Biscayne Blvd, Apt 2514  
Enter Florida street address  
Miami, Florida 33131  
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.

  
Or Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Anil Rampersad</u>	<u>4338 SW 183<sup>rd</sup> Ave</u>	<input type="checkbox"/> Add
		<u>Miramar, FL 33027</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	
<u>MGRM</u>	<u>Shawn Sarabjit</u>	<u>13120 SW 21<sup>st</sup> Street</u>	<input type="checkbox"/> Add
		<u>Miramar, FL 33027</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	
<u>AMBR</u>	<u>Sham S. Mohammed</u>	<u>325 S Biscayne Blvd.</u>	<input checked="" type="checkbox"/> Add
		<u>Apt 2514</u>	<input type="checkbox"/> Remove
		<u>Miami, FL 32117</u>	
<u>AMBR</u>	<u>Armis O Mohammed</u>	<u>241 Riverside drive</u>	<input checked="" type="checkbox"/> Add
		<u>Apt 1908</u>	<input type="checkbox"/> Remove
		<u>Holly Hill, FL 32117</u>	

Change  
Address  
only  
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Change  
Address  
only

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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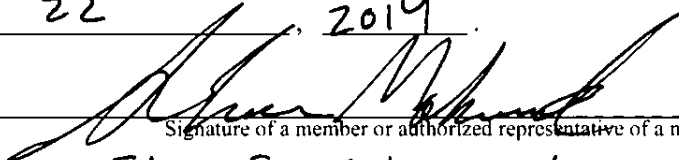
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated May 22, 2014



Signature of a member or authorized representative of a member

Sham S. Mohammed

Typed or printed name of signer

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Filing Fee: \$25.00

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TREASURY DEPT FLORIDA