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TALLAHASSEE FLORING

J. Shivers DEC 1 8 2014

COVER LETTER

SUBJECT:	Miami FC	LLC.	
	rane or on	mice Emonity Company	
The enclosed Articles of At	nendment and fee(s) are sul	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Madiso	n Stanford	
		Name of Ferson	
	Fort Lauc	derdale Strikers	
		Firm/Company	
	1350	NW 55th St	
		Address	
	Fort	laudordule FL 3	33309
		City/State and Zip Code	
		Son @Strikers. Son to be used for future annual report notifi	
			ication)
For further information conc	erning this matter, please c	all:	
madison S	tanford	at (310) 948	5117
Name of Pe	rson		Telephone Number
Enclosed is a check for the f	ollowing 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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miami F			
(Name of the Limited (A	Liability Company as it now appears on our records,) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab Florida document number <u>L0500010934</u>	ility Company were filed on 11/10/2005	and assig	ned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liability company here:		
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L	C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter ee address here:	the name of	the new
Name of New Registered Agent:		>6	
New Registered Office Address:	Enter Florida street address	4 DEC 15 ECRETARY LAHASS	3 Li TRICIPATES Francisco
	City	Ton Codio	Fin
New Registered Agent's Signature, if changing Reg			e actions on the second
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further ag and complete performance of my duties, and I am ered agent as provided for in Chapter 605, F.S. Or gistered office address, I hereby confirm that the li ange.	familiar with ; if this docum	and ient is

If Changing Registered Agent, Signature of New Registered Agent

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

MGR= Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	madison Stanford	1350 NW 55th st	
		Fortlanderdale FL 33309	Remove
			Add
			Remove
Ρ	Aaron, Davidson	501 Brickell Key dr. Suite	2 40 君 _{Add}
		Miami FL 33131	Remove
ST	Edvardo, Pletsch	501 Brickell Key dr. suite 407	□ Add
		miami FL 33131	Remove Remove
	Stefano, Hawilla	Rua Bento de Andrade, 700	SSEE STEEL
		Rua Bento de Andrade, 700 Sao Paolo, SP 04503 Br. 501 Brickell Key dr. suite 40	Remove
mgrm	Traffic sports USA, inc.	501 Brickell Key dr. Suite 40	— 7 □ Add
		miami FL 33131	Premove

	•
ne date this do	te, if other than the date of filing:
he date this do	December, 2014.
e date this do	cument is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE