L10000117000

(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:

Office Use Only



200201854412

04/15/11--01010--009 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE

APR 18 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Soccer Fields Investments L.L.C. 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:
Oscar Sanchez Name of Person
Firm/Company
800 Claughton Island dr. #1605
City/State and Zip Code
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARR ARR SERV
For further information concerning this matter, please call:
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} (additional copy is enclosed)}\$\$ \$60.00 Filing Fee, \text{Certified Copy} (additional copy is enclosed)}\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	Investments L.L.C.
(A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on $11/Q/2010$ and assigned
Florida document number <u>L 10000 117 000</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	201 SE
	ARE TO THE
	SA -
Enter new mailing address, if applicable:	SE 2 1
(Mailing address MAY BE A POST OFFICE BOX)	77 1
	Dm 5
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
	•
Name of New Registered Agent:	
——————————————————————————————————————	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
D D 14 14 45 CP 4 16 1 1 D 14 14	

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 608, 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member **Type of Action** Address Title Name Valle Verde Sociedad 848 Brickell Ave PH1 MGRM Remove Visioneers L.L.C. MGRM چس 94100 Remove Hugo Sanchez Camero 800 clauditon Island dr Remove MGRM Lilians Sanchez Camejo 800 Claughton Island dr MAdd Ramiro Sanchez Camezo MERM D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Oscar Sanchez
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00