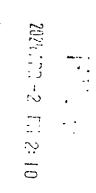


(1	Requestor's Name)
. (.	Address)
	Address)
(·	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
()	Document Number)
Certified Copies	Селіficates of Status
` ^ecial Instructions	
-	
 	Office Use Only



04/02 24--01, 45--017 **37...0





COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Glob	Name of Lim	Academy, LL(<u></u>
The enclosed Articles of z	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Philip L.	ZayaS Name of Person	
		Firm/Company	
	1761 SW	67th Terrace	2
	Plantatio	on, FL 3331	7
	mirlene 3	35 P yahoo. Cl	D M leation)
For further information co	oncerning this matter, please ea		
Mirlene Name of	Dubrey 2e Person	at (<u>954)</u> <u>494 –</u> Area Code Daytime	6419 : Telephone Number
Enclosed is a check for th	e 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global Soccer (Name of the Limited Liability (A Florida)	Academy, LLC:	
(<u>Name of the Limited Liability</u> (A Florida	v Company as it now appears on our records.) Limited Liability Company)	
	70 10 (80)	2 Find assigned
The Articles of Organization for this Limited Liability Co		and assigned
Florida document number L110000 7778	<u>3</u> 7	٠.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Zayas Football Cons	sulting, LLC	. 2
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	<u>ESS)</u>	; · · · · · · · · · · · · · · · · · · ·
		7.2
Enter new mailing address, if applicable:		5
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	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:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	Cuy	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.

If Changing Registered Agent, Signature of New Registered Agent

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
			□Remove
			□ Change
			□Add
			Remove
			☐ Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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 .	
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_	
Note: 11	e date, if other than the date of filing:
f the record ecord is filed	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 l.
Dated _	5/8/2024
	Signature of a member or authorized representative of a member
	Philip L. Zayas Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00



April 21, 2024

PHILIP L. ZAYAS 1761 SW 67TH TERRACE PLANTATION, FL 33317

Ref. Number: L1100077787

We have received your document for 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 CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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

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.

Anissa Butler Regulatory Specialist II

Letter Number: 424A00008659

Ser Olix

www.sunbiz.org

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