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COVER LETTER

Division of Corporations				
SUBJECT:		R ACADEMY, LLC		
Name of Limited Liability Company				
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		ROBERT LENNON		
			Name of Person	<u>.</u>
		•	•	•
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		15801 SW 54TH PL		
			Address	
		SOUTH WEST RANCHES	S FL 33331	
			City/State and Zip Code	
	, .	PUMASFC@AOL.COM		
			to be used for future annual report notif	fication)
For further in	iformation co	oncerning this matter, please ca	all:	
ROBERT LI	ENNON		561 385-2356 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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

US SOCCER ACADEMY, LLC		
(Name of the Limited Lial (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L12000062229	y Company were filed on <u>05/08/2012</u>	and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	E C
	Enter rioriaa sireei aaaress . Flori	FISTA CO
	City	Zip

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>	<u>Name</u>	<u>Address</u>	Type of Action
М	HONG, NAM KI	15801 SW 54TH PL	Add
		SW RANCHES FL 33331	■ Remove
			Change
			Add
			_ Remove
			Change
			□ Remove
			□ Change
			D Add
			□ Remove
			Change
		Remove	
		□ Change	
		□ Add	
			□ Remove
	,		☐ Change

D. If amending any other informa	ation, enter change(s) here: (Attach additional s	theets, if necessary.)
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E. Effective date, if other than the	e date of filling: 03/08/2018 st be specific and cannot be prior to date of filling or more the	(optional)
Note: If the date inserted in this bl document's effective date on the D	lock does not meet the applicable statutory filing requ	airements, this date will not be listed as the
	·	
If the record specifies a delayed (b) The 90th day after the rec	d effective date, but not an effective time, ord is filed.	at 12:01 a.m. on the earlier of:
Dated MARCH 12	2018	
0011		
Kohut Ju	Signature of a member or authorized representative of a n	nember
ROBERT LENNON		
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	