112000119327

(Re	questor's Name)	·		
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	; #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
AND AND ASSESSED OF THE

SEP 11 2013 D. ERUCE

W3-47992



August 28, 2013

RICARDO ALCERRO 4717 SW 183RD AVE MIRAMAR, FL 33029

SUBJECT: SCUOLA CALCIO INTERNAZIONALE, LLC

Ref. Number: L12000119327

We have received your document for SCUOLA CALCIO INTERNAZIONALE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 313A00020462

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Scuola Calcio Internazionale, 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:

Sylvia D'Amico

Name of Person

Scuola Calcio Internazionale, LLC

Firm/Company

4717 SW 183rd Ave

Address

Miramar, FL 33029

City/State and Zip Code

sylviadamico@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sylvia D'Amico

305,987-0215

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	Company as it now appears on our re mited Liability Company)	cords)
The Articles of Organization for this Limited Liability Co Florida document number L12000119327		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Scuola Calcio Internazionale USA, LLC		
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	• • • • • • • • • • • • • • • • • • • •
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ZIII SEP I O F
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.	ered office address on our record	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		Torida
	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 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 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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
	•			
			[] Add	
			Remove	
			<u> </u>	
			Add	
			Remove	
			ATT AND SEE AND TO SEE	
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			Add	
			Remove	
			Add	
			Remove	

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

Dated September 9th	2013
	orano dues
Signature	of a member or authorized representative of a member
Sylvia D'Amico	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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