## L17006634951

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	•
(City	y/State/Zip/Phone #	9)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Name	)
(Doc	cument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to I	Filing Officer:	
		ļ

Office Use Only



500249479755

07/09/13--01013--026 \*\*25.00

13 JUL 25 PH 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



July 10, 2013

LUIS ACOSTA 2728 BNE 2ND AVE MIAMI, FL 33137

SUBJECT: SOCCER TOWN PEMBROKE PINES LLC

Ref. Number: W13000038970

We have received your document for SOCCER TOWN PEMBROKE PINES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return the corrected original and one copy of 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.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 713A00016855

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

## Soccer Town Pembroke Pines 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:

Luis Acosta

Name of Person

Soccer Town pembroke Pines LLC

Firm/Company

2728 NE 2nd Ave

Address

Miami FL 33137

City/State and Zip Code

luis@soccertownmiami.com

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

For further information concerning this matter, please call:

Luis Acosta

,,305,519-3536

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 Liabilli		r records.)
(A Florida	ly Company as it now appears on ou Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L13000034951	Company were filed on 3/7/2013	and assigned
	<del></del>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	AS 3
	· · · · · · · · · · · · · · · · · · ·	
		25
Enter new mailing address, if applicable:		0)::
(Mailing address MAY BE A POST OFFICE BOX)		
	47.600	RIDE 9
B. If amending the registered agent and/or registered agent and/or the new registered office add	sterea office address on our rec dress here:	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	947 . 9419	
	Enler Flor	ida street address
<del></del>		_, Florida
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
TRS	Luis Acosta	2728 NE 2nd Ave	Add
		Miami FL 33137	Remove
	·		Add
			Remove
		<del></del>	L Add
			Remove JUL 25
			25 P 25
			Remove  SECRETARY OF STATE  Add  Remove
		·	Add
			Remove
			Add
			Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	:
	July 2 2013
ed	July 2", 2013.
	Signature of a member or authorized representative of a member
	Daniel Moss  Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

13 JUL 25 PM 1: 19
SECRETARY OF STATE
TALLAHASSEE, FLORID