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## **COVER LETTER**

TO: Registration Section Division of Corpora		
SUBJECT:	Confutbol, LLC	
Sobset.	Name of Limited Liability Company	
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Angela Arias	
-	Name of Person	
	Firm/Company	
	1970 E OSCEOLA PKWY Suite	243
	Kissimmee, FL 34743  City/State and Zip Code	
-	ang3tat@ GMAIL. com  E-mail address: (to be used for future annual report notification)	
For further information conce	erning this matter, please call:	
Angela Name of Per	Arias at (407) 860-8505  Area Code Daytime Telephone Number	<del></del> -
Enclosed is a check for the fo	ollowing amount:	
<b>)</b> \$25.00 Filing Fee [	□.\$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy Certificate of (additional copy is enclosed) Certified Copy (additional copy	f Status & py

#### 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	1		records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L130008</u> 2	ompany were f	iled on <u>DQ</u>	7/2013	and assigned
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limi</u>	ited liability co	mpany here:		
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDR				reviation "L.L.C." PKWY 743
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regis registered agent and/or the new registered office add  Name of New Registered Agent:  New Registered Office Address:	ress here:			Sulte 243 34743 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>	<u>Name</u>	<u>Address</u>	Type of Action
DIR	Nelson Velez	1970 E OSCEOLA PRWY	
		Suite 243	Remove
		Kissimmee, FL 34743	Change
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			Change
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If an effective date is <b>Note:</b> If the date i	other than the date of filing: listed, the date must be specific and cannot be prior to userted in this block does not meet the applicative date on the Department of State's records.	date of filing or more ole statutory filing re	<b>(opti</b> than 90 days after equirements, this	filing.) Pursuant to 605,0207
he record speci The 90th day	fies a delayed effective date, but not after the record is filed.	an effective tim	e, at 12:01 a	a.m. on the earlier of
Dated SU	Signature of a member or authori	ized representative of	a member	J
	<b>A</b>		1	I
		JARAM name of signee	<u> </u>	

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Filing Fee: \$25.00