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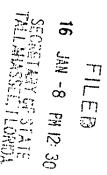
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PICK-UP	☐ WAIT	MAIL
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JAN 11 2016 S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor						
CUDIT		occer Agency, LLC					
SUBJE	.c.:	Name of Lin	nited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:	•			
		Thad Bostic					
			Name of Person		-		
		Sunshine Soccer Group, L	LC				
			Firm/Company		-		
One Independent Drive, Suite 3232							
			Address				T.]
	-	Jacksonville, FL 32202			SYNT THE	တ	
		tbostic@armadafc.com	City/State and Zip Code			PH 12:	n.
		E-mail address: (to be used for future annual report n	otification)	复用	30	
For fur	ther information c	oncerning this matter, please c	all:				
Thad E	Bostic		904 516-3765 at ()				
•	Name o	f Person		ime Telephone Number			
Enclose	ed is a check for th	ne following amount:			اتر		
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectifical Sectifical Certified (additional	ite of Sta Copy	tus &	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COU Registration Sec Division of Con Clifton Building 2661 Executive	porations			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine Soccer Agency, LLC	•		
(<u>Name</u> of the Limi	ted Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) impany)	
The Articles of Organization for this Limited L	iability Company were file	d on August 8, 2013	and assigned
Florida document number L13000112358	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liability com	pany here:	
Sunshine Soccer Academy, LLC	•		
The new name must be distinguishable and contain the v	words "Limited Liability Compar	ny," the designation "LLC" or the abbrev	riation "L.L.C." 7 *
Enter new principal offices address, if applic	able:	- Control of the cont	
(Principal office address MUST BE A STREE	T ADDRESS)	de de la companya de	=
		A Comment	8 5
			妥
Enter new mailing address, if applicable:		در الراب المراب الم ولا المراب ا	12:
(Mailing address MAY BE A POST OFFICE	ROX)	S _r	30
			
B. If amending the registered agent and	or registered office add	ress on our records, enter the	name of the nev
registered agent and/or the new registered of		<u> </u>	
			,
Name of New Registered Agent:	Thad Bostic		
New Registered Office Address:	One Independent Drive, S	uite 3232	
	- E	nter Florida street address	
	Jacksonville	, 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 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	•		Remove
			□ Change
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fective date, if o	ther then t	he date of fi	lina				(optio	nal)		
an effective date is li	sted, the date n	nust be specific	and cannot l	be prior to dat	e of filing or	more than 90	days after f	iling.) Pursu	ant to 6	05.02
ote: If the date insocument's effective					tatutory fil	ıng requiren	ients, this	date will no	ot be li	isted a
record specifi	es a delay	ed effectiv	e date, b	ut not an	effective	time, at	12:01 a.	m. on th	e ear	lier
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Filing Fee: \$25.00