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Florida Department of State

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To:

Division of Corporations

Fax Number : .(850) 617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number: 120000000083 Phone : (305)932-6262 : (305)933-9393 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. * !

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COVER LETTER

TO: Registrat

Registration Section
Division of Corporations

SUBJECT:

SOCCER DEVELOPMENT GROUP, 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:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street Suite 801

Address

Aventura, Florida 33180

City/State and Zip Code

info@serberlawfirm.com

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

For further information concerning this matter, please call:

Yolanda L. Fornaris

305, 932-6262

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

is someone

□ \$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)

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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

SOCCER DEVELOPMENT GROUP, LLC

(Higher at the Print	(A Florida Limited Liabilly	Countries)	ergros.		; ;
The Articles of Organization for this Limited I Plorids document number £14000052812	Liability Company were i	Tled on 03/31/20	14 and assigne	đ	¥¦ts tiet
This amendment is submitted to emend the fol					
1. H amendling name, enter the new name of	of the limited liability co	modoy here:			
the new name unus be distinguishable and and with the	z words "Limited Liability Go	inpany," the designation	o "LLC" or the abbreviotion "L.L.C	p	
inter new principal offices address, if appli	cable:				
Principal office address MUST BE A STRE	ET ADDRESS)			·	
					
Enter new-mailing address, if applicable:					:
Malling vidtess MAY 8E A POST OFFICE	BOX1				
					
B. If amending the registered agent and registered agent and/or the new registered agent and/or the new registered of	l/or registered office a	ddreis on our re	cords, enter the name of t	he new	- \$\frac{\fin}}}}}}{\frac}\frac{\fin}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fi
					की ू
Name of New Registered Agent:	SERBER & ASS	OCIATES P.A.		— <u>E</u>	_r 1≫
New Registered Office Address:	2875 NE 1919T STREET SUITE 801			<	
		Epide Floridu street		<u>ني ين </u>	1
	AVENTURA		, Florida 33180		
	C	ώ	Zip Corls	마유	三
lew Registered Agent's Signature, if changing					
heroby accept the appointment as register provisions of all statetes relative to the proj accept the obligations of my position as reg being filed to marely reflect o chongo in the company has been notified in writing of this	per and complete perfo dissered agant as provid regissered office addre	rinance of my duti ed for in Chapter	es, and I am familiar with ar 805, F.S. Or, if this docume	ra 💢 🐎	1:44
	[f Changing R	egisteerid Agent, Bixt	stare of New Registered Agent	-	İ
	Page 1 of 3		V."		

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager of Anthorized Member being added or removed from our records:

MCR = M AMBR = A	lanuger authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	!	
MGRM	ROTSZTAIN, JORGE D	2590 NE 201 STREET	D &&		
	·	Mlami, FL 33180	# Remove		: .
MGRM	BOLADO, GUSTAVO D	346 Conservation Drive	[] Add		
	د	WESTON, FL 33327	B Remove	nit.	
MGR	us soccer enterprise, LLC	2875 NE 191ST STREET SUITE 80	 1 # Ačs		•
		AVENTURA, FL 33180	□ Remove		
			_C3 Add		4
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				Zen z	Gi Si
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		· · · · · · · · · · · · · · · · · · ·	_D Kamove	SAIE ORIDA	-E

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional shkets, if necessary.)
E. Effective date, if other than the date of filing: (Optional). (The effective date must be specific, cannot be prior to the date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State.
DetudMarch 11, 2015.
Charles of a week of
Signature of a member or authorized representative of a member
Typed or printed name of signes
Page 3 of 3

SECRETARY OF STATE
ALL AHASSEE FLORIDA 15 MAY - 7 AH 7: 44

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