Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

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Account Name : LEGALZOOM.COM INC.

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BUBBLE SOCCER MIAMI, LLC

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

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JUN - 3 2013

T. HAMPTON

6/2/2014

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COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	BUBBLE :	SOCCER MIAMI, LLC		
JO OS ECT.		Name of Limi	ted Liability Company	
		Amendment and fee(s) are subr		
Please return	all correspon	ndence concerning this matter t	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		100 W. Broadway Suite	100	
			Address	
		Glendale, CA 91210		
		1 11 11 17()	City/State and Zip Code	
		colombiamichael7@aim.c	o be used for future annual report no	tification)
For further in	formation co	oncerning this matter, please ca	ılı:	
lmelda Vas	quez		323 962-8600	ext 7950
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Cerporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	0.	AL SE
BUBBLE SOCCER MIAMI, LLC		58 E 7
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) Limited Liability Company)	N-2
The Articles of Organization for this Limited Liability	Company were filed on 04/29/2014	and assigned
Florida document number L14000069401		
This amendment is submitted to amend the following:		7: 54 ORIDA
A. If amending name, enter the new name of the lin	nited liability company here:	
Bubble Strike Miami, LLC		
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office adented agent: Name of New Registered Agent: New Registered Office Address:	dress here:	iter the name of the new
	Enter Florida street oddress	
415	, Florida	Zip Code
<u> </u>		

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

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member			
Title	Name	Address	Type of Action
			Add
			Remove
	-		Add
			☐ Remove
			☐ Add
			☐ Remove
			□ Add
			7.02
			FULL AND SEE, PL
			7: 5F
			□ Remove

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D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E.	Effective date, if other than the date of filing:
	Dated 05/28/14
	Signature of a member or authorized representative of a member Michael Carnacho
	Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE