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TO: Registration S Division of Co				
FLORIDA SUBJECT:	GULF COAST DUTCH LION	IS FC LLC		
SUBJECT:	Name of Lim	ited Liability Company	· ·	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	JOHANNES MOSSEL			
		Name of Person		
		Firm/Company		
	332 NW 6TH PLACE			
		Address		
	CAPE CORAL, FL 33993			
		City/State and Zip Code		
	NANETTE@NANETTET(
	E-mail address: (to be used for future annual report notificat	ا رحق الناب ا	
For further information	concerning this matter, please co	all:	ARA ARA	
NANETTE TODD		704 936-6847	Grand L	177
Name	of Person	Area Code Daytime Te	lephone Number	Ö
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

FLORIDA GULF COAST DUTCH LIONS FC LLC

New Registered Agent's Signature, if changing Registered Agent:

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on APRIL 2, 2015 and assigned Florida document number 115000058361 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 332 NW 6TH PLACE Enter new principal offices address, if applicable: CAPE CORAL, FL 33993 (Principal office address MUST BE A STREET ADDRESS) 332 NW 6TH PLACE Enter new mailing address, if applicable: CAPE CORAL, FL 33993 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: NANETTE TODD Name of New Registered Agent: 902 SW 6TH PLACE New Registered Office Address: Enter Florida street address Florida ³³⁹⁹¹ CAPE CORAL City

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>	Name	Address	Type of Action
MGR	JOHANNES MOSSEL	332 NW 6TH PLACE,	
		CAPE CORAL, FL 33993	□ Remove
			Change
MGR	ERIK TAMMER	332 NW 6TH PLACE,	□ Add
		CAPE CORAL, FL 33993	□ Remove
			E Change
MGR	RICK BRAND	332 NW 6TH PLACE,	□ Add
		CAPE CORAL, FL 33993	Remove
			☐ Change
MGR	ARIE TREFFERS	332 NW 6TH PLACE,	□ Add
		CAPE CORAL, FL 33993	D.Remove T
			Change
MGR	JON P. TERRASI	2125 SW 15TH ST	Add A
		CAPE CORAL, FL 33991	Remove
			Change
***************************************	JON P-TERRASI		
			☐ Remove
			☐ Change

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an effective date is listed, the date must lote: If the date inserted in this blo	be specific as ck does not	nd cannot meet the	be prior to applicable	date of filing e statutory	or more than filing requir	90 days after f ements, this	iling.) Pursu date will no	ent to 605.02 of be listed a
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	Signature of a	a member	or authoriz	ed represen	ative of a me	nber		

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Filing Fee: \$25.00