L15000170134

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	Registration Se Division of Cor				
CHD IE	SOCCER4	LIFE LLC			
SUBJEC	- I: <u></u>	Name of Limi	ited Liability Company		
		Amendment and fee(s) are sub-	_		
Please re	turn all correspo	indence concerning this matter	to the following:		
		VANESSA RAMIREZ		2024 SECI	
			Name of Person		2024 DEC -3 PM 3: 59 SECRETARY OF STAT TALLAHASSEE, FL
			Firm/Company		SSE Y OF Y
		3212 NE 12TH ST APT 40	13		1 3: E, F
			Address		STATE
		POMPANO BEACH, FL	33062		
		vanessaramirez7(@ao).com E-mail address: ()	City/State and Zip Code to be used for future annual report note	lication)	
For furth	er information c	oncerning this matter, please or	·		
Vanessa	Ramirez		917 6606612		
	Name o	f Person	at () Area Code Daytime	e Telephone Number	
Enclosed	Lis a check for th	ne 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 Certificate of Certified Copy (additional copy) 	l'Status & Dy
	Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOCCER4LIFE LLC			
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability (Florida document number L15000170134	Company were filed on 10/06/2015	and assigned	
This amendment is submitted to amend the following:		2024 E SECR TAL	
A. If amending name, enter the new name of the lin	nited liability company here:	DEC -3 ETARO LAHA	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the al	obreviation & L.C.	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	PRESS)	L ATE	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		**************************************	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ne of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida	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
AMBR	VANESSA RAMIREZ	2350 NE 14TH ST CSWY APT 400	🗀 Add
		POMPANO BEACH, FL 33062	■ Aemo g g
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		DEC .
		124 DEC -3 PM 3: ECRETARY OF ST TALLAHASSEE, 1
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		<u>m</u>
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E. Effective date, if other than the date of	f filing:	(optional)
Note: If the date inserted in this block doe document's effective date on the Departme	s not meet the applicable statutory filing requiremen	its, this date will not be listed as the
f the record specifies a delayed effective date, becord is filed.	out not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated NOVEMBER 18	2024	
Signatui	re of a member of authorized representative of a member	
VANESSA RAMIREZ	.	
	Typed or printed name of signee	

Filing Fee: \$25.00