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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Se Division of Cor				
67 1 ID ANN	Change of r	name			
Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	cturn all correspo	ndence concerning this matter	to the following:		
		Rebecca Jean			
			Name of Person		
		Florida Premier Soccer Lea	aguc		
			Firm/Company		
		1130 Center Grove St.			
			Address		
		Orlando Florida			
			City/State and Zip Code		
		cfpremierleague@gmail.cor			
			to be used for future annual report notif	ication)	
For furth	ner information co	oncerning this matter, please ea	alt:		
Rebecca	Jean		407 917-4868 at ()		
<u>. </u>	Name o	f Person	at () Area Code Daytimo	: Telephone Number	
Enclose	d is a check for th	ne following amount:			
\$25.	00 Filing Fee	S30.00 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:

TO:

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 Premier Soccer League LLC

(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 Con	npany were filed on 12/29/2015	and assigned
Florida document number L16000000339		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
International Premier League LLC		
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	SS)	
Enter new mailing address, if applicable:	· -	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		s, enter the name of the nev
	 -	
Name of New Registered Agent:		
Non-Berinard Office Address		
New Registered Office Address:	Enter Florida street addres	.x
	121.	orida
	City	Zip Code
New Registered Agent's Signature if changing Registered A	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

MGR = M AMBR = A	anager uthorized Member		2017 000 -	
<u>Title</u>	<u>Name</u>	Address	2017 SEF 29 PM 4: 23	Type of Action
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ffective date, if other than the date of filing:	(optional)
	ot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
ocument's effective date on the Department of State's	he applicable statutory filing requirements, this date will not be listed as records.
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e record specifies a delayed effective date, The 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier
The John day diter the record is med.	
September 23 20	17
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00