L16 0000 64348

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COVER LETTER

	Division of Cor			
SUBJEC	3ON3 SOC	CER LLC		
SUBJEC	••	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub	-	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		JASON SWAN		
			Name of Person	
		30N3 SOCCER LLC		
			Firm/Company	
		5297 SE MAJOR WAY		
			Address	
		STUART, FL 34997		
			City/State and Zip Code	
		JASONSWN@GMAIL.CO		
		E-mail address: (1	to be used for future annual report notific	cation)
For further	er information co	oncerning this matter, please ca	all:	
JASON S			772 341-6232 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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

30N3 SOCCER LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 3/31/2013	and assigned
Florida document number L16000064348	•	
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."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s) </u>	
	5297 SE MAJOR WAY	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	STUART, FL 34997	
		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		
registered agent and/or the new registered office address	inere:	SSE
		TO BE
Name of New Registered Agent:		9-1
New Registered Office Address:	Enter Florida street address	- 8
	Lines I wind sirees dadress	
	, Florid	Zin 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>	Address	Type of Action
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		PORT SAINT LUCIE, FL 34952	Remove
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			Add
			□ Remove
			Change
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rective date, if other than the neffective date is listed, the date muste: If the date inserted in this blocument's effective date on the D	st be specific and ock does not r	d cannot be prior neet the applica	to date of filing o able statutory fi	r more than 90 day	(optional) ys after filing.) Pur ts, this date will	suant to 6 not be l	605.020 isted a
record specifies a delayed The 90th day after the rec			an effectiv	e time, at 12	:01 a.m. on	the ea	rlier d
JUNE 2ND		2016					
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Typed or printed name of signee

Filing Fee: \$25.00