# Division Comprations 8/4/202

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN例 ORLANDO SOCCER STADIUM LAND COMPANY, LLC

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### ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

( <u>Name of the Limited Liab</u> (A Flori	Hity Company as it now appears da Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L16000115049</u>	Company were filed on June	e 16, 2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company her	<u>·e</u> :
The new name must be distinguishable and contain the words "Li	mited Liability Company," the de	signation "LLC" or the abbreviation #L.C."
Enter new principal offices address, if applicable:	655 W. Church S	Street 50 Z 11
(Principal office address MUST BE A STREET ADL	Orlando, FL 328	05
	655 W. Church S	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 328	
B. If amending the registered agent and/or register agent and/or the new registered office address here	:	ecords, enter the name of the new registere
Name of New Registered Agent: CT	Corporation System	
New Registered Office Address: 120	0 S Pine Island Rd #250	
	Enter Flor	ida sireei address
Plar	ntation	, Florida 33324
<del></del>	City	Zip Code

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	Mark Wiff	655 W. Church Street	<b>≅</b> Add
		Orlando, FL 32805	Remove
MGR	Alexandre Leitao	618 E. South Street, Suite 510	
		Orlando, FL 32801	Remove
			□ Change
MGR	Flavio Augusto da Silva	618 E. South Street, Suite 510	□Add
		Orlando, FL 32801	≣Remove
			□Change
MGR	Philip N. Rawtins	618 E. South Street, Suite 510	□ Add
		Orlando, FL 32801	≣Remove
			☐ Change
	<u></u>		□Add
			□Remove
			□ Change
			Remove
			□Change

To: 18506176383

Manager  This Limited Liability Company shall have one (1) manager. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement, but shall never be less than one (1). The name and address of the manager of this Limited Liability Company is as follows:  Mark Wilf  655 W. Church Street
or decreased from time to time in accordance with the Operating Agreement, but shall never be less than one (1). The name and address of the manager of this Limited Liability Company is as follows:  Mark Wilf  655 W. Church Street
or decreased from time to time in accordance with the Operating Agreement, but shall never be less than one (1). The name and address of the manager of this Limited Liability Company is as follows:  Mark Wilf  655 W. Church Street
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Mark Wilf  655 W. Church Street
655 W. Church Street
655 W. Church Street
· · ·
Orlando, FL 32805
<u>b</u>