Division of Corporations

8/4/2021

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To:

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORLANDO SOCCER DEVELOPMENT COMPANY, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia) (A Flo	pility Company as it now at rida Limited Liability Compa	opears on our record my)	<u>7</u> .)
The Articles of Organization for this Limited Liabilit on Florida document number L16000115715	y Company were filed	06/17/2016	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, <u>enter the new name of the l</u>	imited liability compan	y here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company,"	the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	655 W. Ch	urch Street	2021 SE
(Principal office address MUST BE A STREET AD	DRESS) Orlando, F	L 32805	
Trincipal triffice days cas in 1995, and 1995			<u> </u>
Enter new mailing address, if applicable:	655 W. Ch	urch Street	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, F	L 32805	\$2. 5
B. If amending the registered agent and/or registon agent and/or the new registered office address her	ered office address on 6 (e) I' Corporation System	our records, <u>enter</u>	the name of the new register
Name of New Registered Agent.			
New Registered Office Address: 12	00 S Pine Island Rd #250		
	Ente	r Florida street addre.	
<u>Pl</u>	nntation	FI	lorida 33324 Zip Code
	City		2 221 L 7L 30

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

Title	<u>Name</u>	Address	Type of Action
MGR	Mark Wilf	655 W. Church Street	= Add
		Orlando, FL 32805	Пепюче
			□ Change
MGR	Alexandre Leitao	618 E. South Street, Suite 510	□Add
		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. Rawlins	618 E. South Street, Suite 510	
		Orlando, FL 32801	■Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change

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Manager			
This Limited Liability Compar	ny shall have one (1) manager. The nu	mber of managers may be citl	ner increased
	in accordance with the Operating Agr		
The name and address of the n	nanager of this Limited Liability Comp	oany is as follows:	
Mark Wilf			
655 W. Church Street			
Orlando, Fl. 32805			2021 17(C)
			AUG -
	110		· 5
			조 <u>윤한 . 51</u> _
			05
 If the date inserted in this blo 	date of filing: The specific and cannot be prior to date of file ock does not meet the applicable statute epartment of State's records.	its titling technicines on a	il) ng.) Pursuant to 60 ate will not be li
cord specifies a delayed effective s filed	e date, but not an effective time, at 12 (OF a moon the earlier of (b)	The 90th day aff
	2021		
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