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### **COVER LETTER**

	istration Sec sion of Corp			
SUBJECT:	Sout	h Florida Flag Football Leagu	ie LLC	
SUBJECT.		Name of Lin	ited Liability Company	
The enclosed	Articles of z	Amendment and fee(s) are sub	unitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Dominic Grasso		
		South Florida Flag Footbal	Name of Person II League LLC	
		3000 NE 5th Terrace #315	Firm/Company A	<del></del>
		Wilton Manors, FL 33334	Address	
		commissioner.sfffl@gmail.d	City/State and Zip Code com	
			to be used for future annual repor	rt notification)
For further inf	ormation co	ncerning this matter, please co	all:	
Ace Buting  Name of Person		305 at ()	898-7781	
	Name of	reson	Area Code D	aytime Telephone Number
Enclosed is a c	heck for the	following amount:		
■ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional 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

South Florida Flag Football 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 Company were filed on 10/17/17 and assigned Florida document number L16000125083 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ( B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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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		WILTON MANORS, FL 33334-2052	≅ Remove
			□ Change
MGR	Amanda Conforti	3000 NE 5th Terrace #315A	
		WILTON MANORS, FL 33334-2052	Z C □ Remove
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Filing Fee: \$25.00