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COVER LETTER

10:	Division of Corpor		۵		
SUBĴE	ст: 5с	Name of Lin	nited Liability Company	CAMPS	LLC
The end	closed Articles of Arr	endment and fee(s) are sub	omitted for filing.		
Please 1	eturn all corresponde	ence concerning this matter	to the following:		
		FRE	Name of Person	ANIAN	
		Sou TH	Firm/Company	OCCER CA	mps LCC
		2406 E	AST STATE Address	POAD 60	, PMB#2246
		V ALRICO	FL 33595 City/State and Zip Cod	c	
	-	THE FLORIDA E-mail address:	4 SOCCER SCHOOL (to be used for future annual	al report notification	L.Com
For furt	her information cond	erning this matter, please of	call:		
	FREO Name of Po	DIKRANIAN TAN	at (<u>813</u>) Arca Codc	357 - O	6 3 5 chone Number
Enclose	ed is a check for the f	ollowing amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy is c		G \$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 SOCCE	R CAMPS LL	c	
Name of the Limited Liability Comp (A Florida Limited	iany as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on	30.16 and assigned	
Florida document number 4/700000 615.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
FLORIDA SOCCER	5CHOOL 4	40	
The new name must be distinguishable and contain the words "Limited List	oility Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		7 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	· i
			A Mariana M
		PH	177
Enter new mailing address, if applicable:			ا المراجعة الويونية
(Mailing address MAY BE A POST OFFICE BOX)		. i	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ecords, <u>enter the name of the</u>	: new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	address	
<u></u>	<i>a.</i>	, Florida	
Nov. Book to and Amentic Simptons if about in Besidtered Amentic	City	Zip 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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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n effectiv	e date is listed, the date must be specific and the control of the date inserted in this block does no	and cannot be prior to		than 90 days after filin	g.) Pursuant to 605.0	
cument'	s effective date on the Department o	f State's records.				
record	specifies a delayed effective	a date, but not	an effective time	e. at 12:01 a.m	on the earlier	· of
	th day after the record is file					
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ated		a member or author	zed representative of a	a member	<u> </u>	

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