

L17000019831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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3/12/18

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Soccer Box Company LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Reilly  
Name of Person

Firm/Company

200 St. Andrews Blvd  
Address

Winter Park FL 32792  
City/State and Zip Code

laurenreilly@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Reilly at (561) 271-9712  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

The Soccer Box Company

(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 1/25/17 and assigned Florida document number L17000019831

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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 ADDRESS)

200 St. Andrews Blvd  
Apt: #1407  
Winter Park FL 32792

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

same as above

**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:

Lauren Reilly

New Registered Office Address:

200 St. Andrews Blvd

Enter Florida street address

Winter Park

City

Florida

32792

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.*

Lauren Reilly

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Lauren Kelly	200 St. Andrews Blvd	<input checked="" type="checkbox"/> Add
		Winter Park FL 32792	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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31117

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 23, 2018  
[Signature]  
 Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Linzi Martin

Typed or printed name of signee