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COVER LETTER

TO: * Registration Section Division of Corporations
SUBJECT: Ryan Monpson Goalie Academy, LLC Name of Linkted Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ryan Momeson
Ryan Thompson gauje Academy, LLC
932 Iris Lake DR #203
Tampa, FLorida 33619 City/State and Zip Code the rtaacademy @ amail. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Ryan Thompson at (813) 385-6320 Area Code Daytine Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee \$ Certificate of Status S55.00 Filing Fee & Certificate of Status Certificate of Status & Certificate of

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

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TALLAHASSEE, FLORID:

The Articles of Organization for this Limited Liability Company were filed on March 10, 2017 and assigned Florida document number ~17000055803

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	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e: 932 Iris Late De. #303
(Principal office address MUST BE A STREET A	Tampa, Florida 33619
Enter new mailing address, if applicable:	932 Iris Lake DR #203
(Mailing address MAY BE A POST OFFICE BO	Tampa, Florida 33619
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	932 Ins Lake DK #203 Enter Florida street address
-	Tampa Florida 33619 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: FILED 2017 NOV 27 PM 12: 38 MGR = Manager AMBR = Authorized Member TALL AHASSEE, FLORIDA Type of Action <u>Title</u> Name Address □ Add ☐ Remove ☐ Change bbA □ ☐ Change □ Add _____ Change ______ Add ☐ Remove ____ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove _____ Change

D. If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
٠.	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2017 NOV 27 PM 12: 39
	FALLAHASSEE, FLORIDA
	TEAHASSEE. FLORIDA
<u> </u>	fective date, if other than the date of filing:
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.
Đ	nted November 20 2017
	Signature of a member or authorized representative of a member Han Thompson Types or printed name of signee

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Filing Fee: \$25.00