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SECRETARY OF STATE
AND ASSEE, FLORID.

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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		CER CAMPS LLC		
SOBJEC		Name of Limi	ted Liability Company	
The enc!	osed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please re	turn all correspo	ndence concerning this matter t	o the following:	
		Juan Carlos Gonzalez		
			Name of Person	
			Firm/Company	
		7927 East Drive Apt 268		
			Address	
		Miami Beach Fl 331	41	
			City/State and Zip Code	
		coachgonzalez@asa.edu		
			o be used for future annual report notifi	ication)
For furth	er information c	oncerning this matter, please ca	И:	
Gidget F	Cnowles		508 740-7135 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	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

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

2017 APR 17 PM 31 30

ASA SOCCER CAMPS LLC

(Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 6, 2017 and assigned Florida document number L17000077707 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.

City

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>	Type of Action
President	Juan Carlos Gonzalez	7927 East Drive Apt 268	₩ Add
		Miami Beach Fl 33141	☐ Remove
			☐ Change
			Add
			Remove
			Change
			Change TALLAHASSEE Rethrove
			SSR Remove
			Fig. Charge
			Add
			Remove
			Change
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			<u> </u>
			Add ☐ Remove
			□ Change

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		SSE
		OR IC
Effective date, if other than	the date of filings	(amtiamul)
If an effective date is listed, the dat Note: If the date inserted in the	e must be specific and cannot be prior to date of filing or is block does not meet the applicable statutory fil- ne Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.0207 (ing requirements, this date will not be listed as t
he record specifies a del The 90th day after the	ayed effective date, but not an effective record is filed.	time, at 12:01 a.m. on the earlier of
Dated April 13	2017	
GUKN	Signature of a member or authorized representative	ve of a member
Gido	Signature of a member or authorized representation (+ L · Kncwles Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00