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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Document Number)
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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ART	ICLES OF C	RGANIZATIO	ON BULL
HIALEAH CITY FOOTBALL CL	UB LLC33		`%, `O
(Name of the Limit	nt is submitted to amend the following: In name, enter the new name of the limited liability company here: Y FOOTBALL CLUB LLC Ist be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Incipal offices address, if applicable: Ince address MUST BE A STREET ADDRESS) 4605 E 9 CT HIALEAH FL 33013 It liling address, if applicable: Incess MAY BE A POST OFFICE BOX) 4605 E 9 CT HIALEAH FL 33013 In the registered agent and/or registered office address on our records, enter the name of the new registered the new registered office address here: In the submitted to amend the limited liability company here:		
			20217 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
HIALEAH CITY FOOTBALL CLUB LLC			
	vords "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address if applic	ahla:		
•		4605 E 9 CT	· .
1. maps office saures most be Astroct	T ADDICESS)	HIALEAH FL 330	13
Enter new mailing address, if applicable:			
		4605 E 9 CT	
2	<u> </u>	HIALEAH FL 330	13
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered office : ss here:	address on our reco	rds, <u>enter the name of the new registered</u>
Name of New Registered Agent:	OSMANI A PE	ELAEZ	
New Registered Office Address:	4605 E 9 CT		
		Enter Florida	street address
	HIALEAH		, Florida ³³⁰¹³
		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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	OSMANI A PELAEZ- 99%	4605 E 9 CT	
		HIALEAH FL 33013	
			■Change
AMBR	YESENIA ROSA-1%	4605 E 9 CT	□Add
		HIALEAH FL 33013	□Remove
			■Change
			□Add
			Remove
			Change
		<u>-</u>	□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove

If amending any	other information, enter	change(s) here: (At	tach additional sheets	, if necessary.)	
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AW	BR-Yes	ien'i A	OSA-	10/0	
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fan effective date is Note: If the date i	other than the date of filing isted, the date must be specific an ascred in this block does not we date on the Department of	nd cannot be prior to date meet the applicable st	of filing or more than 90 catutory filing requirement	_ (optional) lays after filing.) Purs ents, this date will i	uant to 605.0207 not be listed as
e record specifies and is filed.	delayed effective date, but no	ot an effective time, at	12:01 a.m. on the earli-	er of: (b) The 90t	h day after the
Dated On	02/2025 Nia Signature of s	DCD5	epresentative of a membe	-	
_Y _€	SENIA	Typed or printed nam			

Filing Fee: \$25.00