

07/15/2021

08:34 AM

TO: 8506176788

FROM: 7862171243

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L17000233235

Florida Department of State
Division of Corporations
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(((H21000252003 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JP GLOBAL BUSINESS

Account Number : I20130000083

Phone : (305)359-3700

Fax Number : (786)217-1243

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MASTER@JPG BUSINESS.COM

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MIDAX GROUP, LLC

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COVER LETTER

((H21000252003 3))

TO: Registration Section
Division of Corporations

SUBJECT: MIDAX GROUP, 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:

SONIA BOTERO

Name of Person

JP GLOBAL BUSINESS SOLUTIONS INC

Firm/Company

1395 BRICKELL AVE STE 1380

Address

MIAMI FL 3131

City/State and Zip Code

MASTER@JPGBUSINESS.COM

E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

NAVA FERREIRA, RAFAEL A

305

359-3700

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

(H21000252003 3))

MIDAX GROUP, LLC

(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 11/10/2017 and assigned
Florida document number L17000233235

This amendment is submitted to amend the following:

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

FUTSAL AMERICAN LEAGUE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

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

City, Florida 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

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FELIPE DROMMOND LEITAO	1395 BRICKELL AVE STE 1380	<input checked="" type="checkbox"/> Add
		MIAMI FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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D. If amending any¹ other information, enter change(s) here: (Attach additional sheets, if necessary.)

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MAR 1 1926

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be _____)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the requirements of 605.0207 (3)(b), the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 10TH

2021

Signature of a member or authorized representative of a member

RAFAEL A NAVA FERREIRA

Typed or printed name of signee