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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJEC		FAMILY AGENT LLC			
SOBJEC	- I	Name of Lir	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		MAURICE LANGE			
		****	Name of Person		
		SOCCER FAMILY AGE	NT LLC		
	Firm/Company				
	3010 W AZEELE ST, SUITE 501				
		 	Address		
		TAMPA, FL 33609			
		MAURICE.LANGE@SOC	City/State and Zip Code CERFAMILYAGENT.COM		1)
		E-mail address: (to be used for future annual report notif	ication)	. 4 .
For furth	ner information co	oncerning this matter, please c	all:		مدار د مسیع ^ا مسیع
MAURI	CE LANGE		813 230-7622		ن ن
	Name o	f Person	at () Area Code Daytime	e Telephone Number	
Enclosed	l is a check for th	ne 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 Certificate of Certified Contact (additional contact)	of Status &
		ING ADDRESS:	STREET/COURI		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOCCER FAMILY AGENT LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)	
The Articles of Organization for this Limited L Florida document number <u>L18000181369</u>	Liability Company	were filed on JULY 30, 201	8 and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "I	.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		3010 W AZEELE ST		
Principal office address MUST BE A STRE	ET ADDRESS)	SUITE 501		
		TAMPA, FL 33609		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3010 W AZEELE ST		
		SUITE 501	١ , .	
		TAMPA, FL 33609	. 11	
			المسد. الإياد	
B. If amending the registered agent and registered agent and/or the new registered or			rds, enter the name of the	
		- '	•	
Name of New Registered Agent:	MAURICE LA	NGE		
New Registered Office Address:	3010 W AZEE	LE ST, SUITE 501		
		Enter Florida street add	tress	
	TAMPA		Florida 33609	
		City	Zin 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
MGR	MIROSLAV GLADOVIC	19141 CHEMILLE DRIVE	□ Add
	··	LUTZ, FL 33558	
			□ Remove
			☐ Change
MGR	MAURICE LANGE	16631 ASHTON GREEN DR	■ Add
		LUTZ, FL 33558	Add
			🗆 Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Add
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tive date, if other than the diffective date is listed, the date must be left the date inserted in this block	ate of filing:	to date of filing or more that	(optional) un 90 days after filing.) Pursuant interments, this date will not be	uo 605.02
cument's effective date on the Dep	artment of State's records			
The 90th day after the recor		A	ot 12.01 a.m. on the e	Jarnet C
NOVEMBER 11	2018	//		
		1/		
	gnature of a member or auth-		President	_

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Filing Fee: \$25.00