

8/4/2021

Division of Corporations

LI8000214370

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORLANDO CITY SOCCER B COMPANY, LLC

Certificate of Status	0
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Corporate Filing Menu

Help

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8/15/21

FILED
2021 AUG -5 PM 5:05
SEC. OF STATE, FLORIDA
TALLAHASSEE, FLORIDA

2021 AUG -4 PM 4:51
SEC. OF STATE, FLORIDA
TALLAHASSEE, FLORIDA

Op. Hil
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>	<u>Type of Action</u>
MGR	Mark Wilf	655 W. Church Street	<input checked="" type="checkbox"/> Add
		Orlando, FL 32805	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alexandre Leitao	722 W. Central Blvd.	<input type="checkbox"/> Add
		Orlando, FL 32805	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Flavio Augusto da Silva	722 W. Central Blvd.	<input type="checkbox"/> Add
		Orlando, FL 32805	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Article IV is amended and restated as follows:

Article IV

Manager

This Limited Liability Company shall have one (1) manager. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement, but shall never be less than one (1).

The name and address of the manager of this Limited Liability Company is as follows:

Mark Wilf

655 W. Church Street

Orlando, FL 32805

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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 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 August 4, 2021

/s/ Mark Wilf

Signature of a member or authorized representative of a member

Mark Wilf, Manager

Typed or printed name of signee