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(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
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Office Use Only



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COVER LETTER

	egistration Section ivision of Corpor			
SUBJECT	: <u>R</u> e	NO SOCCEI CON Name of Limit	nd amuse mend led Liability Company	CENDER L.L.C.
The enclos	ed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please retu	rn all corresponde	ence concerning this matter t	o the following:	
			Name of Person	
		RENO Socce	Firm/Company	CENTER
		9410 5.0	U. 78th 5t. Address	
		Miani.	FL 33173 City/State and Zip Code	
	-	E-mail address: (10	o be used for future annual report notific	.cc M
		erning this matter, please ca		
	Name of Pe	Buax	at (<u>786</u>) <u>493-7</u> Area Code Daytime	167 Telephone Number
Enclosed is	s a check for the fo	ollowing 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF O	RGANIZATION 🥀 🛌
O	F Zno
(Name of the Limited Liability Compar (A Florida Limited L	Amusemen Center L. L. & AH 8:45
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L19000022763</u> .	<u>.</u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.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 off registered agent and/or the new registered office address here	ice address on our records, <u>enter the name of the new</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 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>	<u>Address</u>	Type of Action
MGR	Throns Room L.L.C	4463 Carambola Cir. S.	
		Coconul Creek, FL 33066	Remove
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			🗆 Add
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-		Signature	of a member or	authorized repres	entative of a mem	ber	

Page 3 of 3

Filing Fee: \$25.00