L190000727/5

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04/17/19--01013--01s **25.00

R. WHITE.



COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: R	Celta S	POCCEY Academ	y LLC
The enclosed Articles of Ame	indment and fee(s) are sub-	mitted for filing.	
Please return all corresponder	nce concerning this matter	to the following:	
-		Angela Arias	
-	С	elta Soccer f	Academy
-	1970	E OSCEOLA PKI	wy Svite 243
-	Kissim	Omee, FL 347 City/State and Zip Code	743
_	E-mail address: (1	t to g Mail (ncation)
For further information conce	rning this matter, please ca	ત્રી:	
Angel o	Arias	at (407) 860 Alea Code Daytime	Telephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	l \$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

AKIIC	LES OF ORGANI	IZATION	E3
	OF		
pc. c	Celta Sa	oc e /	Caldiamy PH 6:03
		2CEY P	COCHERTIFI PH 6: 00
(A	Liability Company as it now Florida Limited Liability Com	เทลแบเ	, , <u>,</u> ,
The Articles of Organization for this Limited Liab		21111	12010
The Articles of Organization for this Limited Liab	ility Company were filed	on _ 3/14	and assigned
Florida document number L190000	72715		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of t	ha limitad liability assum	h	
			110
<u>Celta Soc</u>	xer Acade	₃my	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company	," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le·		
(Principal office address MUST BE A STREET	ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO			
Maning unutes MAT BLAT OST OFFICE BE	<u></u>		
			
B. If amending the registered agent and/or	registered office addre	ess on our rec	ords, enter the name of the new
registered agent and/or the new registered offic	e address here:		
Name of New Registered Agent:			
			
New Registered Office Address:		• 174 1	1
	r.n.	ter Florida street aa	uress
			, Florida
	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

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Change
			Remove
			Change
			Remove
			Change
			Add
			Remove
		<u>.</u>	Change
			Add
			Reniove
			□ Change
			O Add
			□ Remove
			Change.

41 (2)11 1 (ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E Milen de	
(If an effe <u>Note:</u>	ve date, if other than the date of filing:
f the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	4/12,2019
	Signature of a member or authorized representative of a member
	GUSTAVO JARANIUO

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Typed or printed name of signee

Filing Fee: \$25.00