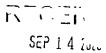
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S. YOUNG

COVER LETTER

	Division of C			
OLID IDC		ccer Academy, LLc.	•	•
SOBJEC		Name of Lin	aited Liability Company	·
The encl	osed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corres	pondence concerning this matter	to the following:	
		Nelson Velez		
			Name of Person	
		Celta Soccer Academy, LI	_c.	
			Firm/Company	
		2906 Via Truscany Way		
			Address	
		Kissimmee, Fl 34744.		
			City/State and Zip Code	
		neovel123@gmail.com		
T 6 .1			to be used for future annual report	notification)
For furth	er information	n concerning this matter, please o	all:	
Nelson V	Velez		407 223-8342 at ()	
	Nam	e of Person	Area Code Day	time Telephone Number
Enclosed	l is a check fo	r the following amount:		
□ \$ 25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fec & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Add Registration		Street Address Registration	
	Division of	Corporations	Division of C	Corporations
P.O. Box 6327			The Centre o	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Celta Soccer Academy, LLc.		SET
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	-1 · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company Florida document number L19000072715		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	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:	<u></u> .	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	7in 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>	Name	<u>Address</u>	Type of Action
MGR	Stelian Baban	1643 Windsord Oak Ln, Kissimmee, FL 34743.	
			□ Remove
			□Change
MGR	Shukhrat Kasimov	2408 Berkshire Ct, Kissimmee, FL 34746	
			□Remove
		-	□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			Remove
			□Change
			□Add
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			□ Change

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