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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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SELIKETARY OF STATE
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OF CORPORATIONS
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Jonas Sanda Change

JUN 22 2019 D CUSHING

COVER LETTER

TO: Registration Section Division of Corpor		•	
SUBJECT: THE	Soccer (CENTER LLC	
SUBJECT:	Name of Limi	ted Liability Company	~
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	RAU	J. HERRERA	
		Name of Person	
		N/A Firm/Company	
		Firm/Company	
	20550	NE 8TH COURT	
		Address	
	Miami	FL 33179 City/State and Zip Code	
		City/State and Zip Code	
-		O S O B NO S NO S NO S NO S NO S NO S NO	
For further information cone	·	·	
			19
Name of Pe	HERRERA	at (954) 483 . C	Phone Mumber
rank tir c	13011	Mea code Daytine rele	phone Number
Enclosed is a check for the fo	ollowing amount:		AH OF S
□ \$25.00 Filing Fee □	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	School Filing Fee. Certificate of Status & OCTATION 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

THE SOCCER (Name of the Limited Liability Compa (A Florida Limited) The Articles of Organization for this Limited Liability Company	CENTER LLC E	ARTORY .
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900089120</u>	ny were filed on 04/01/2019 and assigned	p
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab BIN SMART FLO The new name must be distinguishable and contain the words "Limited Liabi	ORIDA LLC	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	20550 NE 8TH COURT MIAMI, FL 33179	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		new
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address	_
	, Florida	_
New Degistered Agent's Signature if changing Degistered Agent.	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 adder removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
			Add	
			☐ Remove	
			☐ Change	
			Add	
			☐ Remove	
			Change	
			Add	
			Remove	
			Change	
			Add	
			□ Remove	
			□ Change	
			☐ Remove	
			□ Change	
			Add	
			☐ Remove	
			Change	

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	N/A
	·
•	
•	
,	
•	
(If an ef Note:	tive date, if other than the date of filing:
	cord 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	JUNE 1 ST 2019 ANNIMOND.
	Signature of a member or authorized representative of a member
	RAUL J. HERRERA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00