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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2019 DEC -9 AM 9:56
FALLINGWATER, VA

JAN 14 2020
C Kinsey

**TO: Registration Section
Division of Corporations**

MS SOCCER IMPULSE LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marcos Aguiar De Oliveira Filho

Name of Person

MS SOCCER IMPULSE LLC

Firm/Company

2217 Grand Cayman Ct, Unit 1224

Address

Kissimmee, FL 34741

City/State and Zip Code

aaguiar.marcos@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcos Aguiar De Oliveira Filho

407

923-8273

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**TO
ARTICLES OF ORGANIZATION
OF**

MS SOCCER IMPULSE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/23/2019 and assigned
Florida document number L190000110039.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

2217 Grand Cayman Ct, Unit 1224

Kissimmee, FL 34741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2217 Grand Cayman Ct, Unit 1224

Kissimmee, FL 34741

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Marcos Aguiar De Oliveira filho

New Registered Office Address:

2217 Grand Cayman Ct, Unit 1224

Enter Florida street address

Kissimmee

Florida 34741

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

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	Lucas De Souza	4912 Bellthorn Dr. Orlando, FL 32837	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		Please Remove all together from LLC	<input type="checkbox"/> Change
MGR	Marcos Aguiar De Oliveira filho	2217 Grand Cayman Ct, Unit 1224 Kissimmee, FL 34741	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Please change to new MGR	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input 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.)*

- Please Remove Lucas altogether from LLC

- Please Add Marcos and change him to new Manager

-Use information above to change business Address to Kissimmee Address

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

12-6-19



Signature of a member or authorized representative of a member

Lucas De Souza

Typed or printed name of signee