L19000117558

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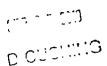


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TO:		n Section Corporations	
SUBJE		Florida Officials Recreational LLC	
SUBJE	.C1:	Name of Limited Liability Company	
		s of Amendment and fee(s) are submitted for filing.	
ricase	return an co	respondence concerning this matter to the following: Lestie Davidson	
		Name of Person	
		South Florida Officials Recreational LLC	
		Firm/Company	
		8056 Cormyour Way	
		Address	
		Boynton Beach, Fl 33472	
		City/State and Zip Code	
		Flash91348@gmail.com E-mail address: (to be used for future annual report notification)	
C . C			
		on concerning this matter, please call:	
Leslie	Davidson	954 2186240 at ()	
		me of Person Area Code Daytime Telephone Number	
Enclose	ed is a chec	for the following amount:	
\$25	5.00 Filing	The state of Status	atus &
		AILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Florida Officials Recreational I	LLC	
(Name of the Limited	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>is,</u>)
The Articles of Organization for this Limited Liab Florida document number L19000117558	pility Company were filed on April 30, 2019	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t		
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 applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		10 A
(Mailing address MAY BE A POST OFFICE BO	0X ₁	77 S
B. If amending the registered agent and/or		5 C
registered agent and/or the new registered office		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	
	, Flo	orida

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
AMBR	Bob Thomas	350 Boynton Bay Circle Boynton Beach, Fl 33435	Add
			☐ Remove
			Change
AMBR	Roddy Padula	10325 Equestrian Dr Boynton Beach, Fl 33436	Add
			■ Remove
			Change
			□ Add
			□ Remove
			Change
			☐ Add
			Remove
			☐ Change
			Remove
			☐ Change
			□ Remove
			□ Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
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Effective date, if other than the date of filing:	ursuant to 605.0207 (3)(Il not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on The 90th day after the record is filed.	the earlier of:
Dated 8/23 AuGust 23. 2019. Signature of a member or authorized representative of a member.	
Ishe Jundon	
Signature of a member or authorized representative of a member	
Leslie Davidson Typed or printed name of signee	

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Filing Fee: \$25.00