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C/a/29/2022

## **COVER LETTER**

· TO: - Registration Section

Division of Co	rporations			
	.CITY L.L.C ·			
SUBJECT:	Name of Lin	nited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing		
Please return all correspo	ondence concerning this matter	to the following		
	Carols Vila Jr			
		Name of Person		
	FOOTBOLCITY LLC			
		Firm/Company		
	1550 Canopy Oaks Dr			
	<del></del>	Address	<del></del>	
	Orange Park, FL 32065			
		City/State and Zip Code		
	Armystrong l sg@gmail.cor E-mail address: (	n to be used for future annual report ne	Offication)	
For further information c	concerning this matter, please c	·		
Carols Vila Jr		315 408-6705		
Name o	of Person	at () Area Code Dayti	ime Telephone Number	
Enclosed is a check for the	he 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 Addres		Street Address: Registration S	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Mont	Tallahassee oe Street, Suite 810	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOOTBOLCITY LLC

( <u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on a lability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number 1.19000182399	oility Company	were filed on <u>06/21/2</u>	and assigned
This amendment is submitted to amend the follow	/ing:		
A. If amending name, enter the new name of the	he limited liab	ility company here:	
he new name must be distinguishable and contain the word	ds "Limited Liabil	ity Company," the designa	ation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicab	ole:	1550 Canopy Oaks I	)r
Principal office address MUST BE A STREET	ADDRESS)	Orange Park, FL 326	065
Enter new mailing address, if applicable:		1550 Canopy Oaks I.	)r
Mailing address MAY BE A POST OFFICE BOX)		Orange Park, FL 320	065
3. If amending the registered agent and/or reg gent and/or the new registered office address Name of New Registered Agent:	istered office a here: CARLOS VILA		ds, enter the name of the new regis
New Registered Office Address:	1550 Canopy O	Enter Florida st	reet address
	Orange Park		Florida 32065
		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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	David Vargas	11052 SANTA FE ST N	□Add
		JACKSONVILLE FL 32246	
			□Change
			□Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change
			□Add
			□Remove

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