

L20000107624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2019 JUN 21 AM 9:24



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2023

GIAN PAOLO SIMONE
IDIOMA FUTBOL LLC
11301 NW 47TH LN
DORAL, FL 33178 US

SUBJECT: IDIOMA FUTBOL LLC
Ref. Number: L20000107624

We have received your document for IDIOMA FUTBOL LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 923A00017140

AUG 21 2023

2023 JUL 31 AM 9:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IDIOMA FUTBOL LLC

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:

GIAN PAOLO SIMONE

Name of Person

IDIOMA FUTBOL LLC

Firm/Company

11301 NW 47TH LN

Address

DORAL, FL 33178

City/State and Zip Code

info@idiomafutbol.com

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

For further information concerning this matter, please call:

GIAN PAOLO SIMONE

305 458-2719

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

12-11-2011
AM 9:24

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IDIOMA FUTBOL 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 04/20/2020 and assigned Florida document number L20000107624.

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)

11301 NW 47TH LN

DORAL, FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11301 NW 47TH LN

DORAL, FL 33178

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:

GIAN PAOLO SIMONE

New Registered Office Address:

11301 NW 47TH LN

Enter Florida street address

DORAL

City

Florida 33178

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	LICHTVELD, ANDRES	8045 NW 104 AVE	<input type="checkbox"/> Add
		APT #38	<input type="checkbox"/> Remove
		DORAL, FL 33178	<input checked="" type="checkbox"/> Change
AMBR	SIMONE, GIAN P	11301 NW 47TH LN	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated AUG 12, 2023 11/1

COCHESA, JUAN J

Typed or printed name of signee

26/9/2009