## 120000107624

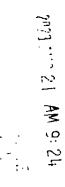
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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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

£U6 2 1 2023

## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations				
	IDIOMA F	UTBOL LLC				
SUBJECT:		Name of Lin	nited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		GIAN PAOLO SIMONE				
			Name of Person		<del></del>	
		IDIOMA FUTBOL LLC				
			Firm/Company		<del>-</del>	
		11301 NW 47TH LN				
		•	Address		- (,,	
		DORAL, FL 33178			1.2 cm 2.5	
			City/State and Zip Code		子 20:24	
		info@idiomafutbol.com	to be used for future annual	ranget nutringstion)	6	
For further is	nformation c	oncerning this matter, please c		report notification?	1 55	
GIAN PAOI				S-2719		
Name of Person			at ( )	Daytime Telephone Number	<u></u>	
Enclosed is a	check for th	ne following amount:				
□ \$25.00 F	Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc	Certific (Certified)	ate of Status &	
	iling Addres gistration S		<u>Street Ac</u> Rogistr	idress: ation Section		
Division of Corporations			Division of Corporations			
	). Box 632 Iahassee, F			ntre of Tallahassee . Monroe Street, Suite !	810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IDIOMA FUTBOL LLC			
( <u>Name of the Limit</u>	ed Liability Compa (A Florida Limited	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Li		were filed on <u>04/20/2020</u>	and assigned
Florida document number L20000107624			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applications	11301 NW 47TH LN	<u></u>	
(Principal office address MUST BE A STREE	T ADDRESS)	DORAL, FL 33178	
		<u> </u>	2
Enter new mailing address, if applicable:		11301 NW 47TH LN	79.0
Mailing address MAY BE A POST OFFICE	BOX)	DORAL, FL 33178	214
			. t i
B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent:			enter the name of the new regis
	11301 NW 47T	THIN	
New Registered Office Address:		Enter Florida street	address
	DORAL		, Florida <sup>33178</sup>
	-	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>	Name	<u>Address</u>	Type of Action
AMBR	LICHTVELD, ANDRES	8045 NW 104 AVE	□Add
		APT #38	□Remove
		DORAL, FL 33178	Change
AMBR	SIMONE, GIAN P	11301 NW 47TH LN	<b>=</b> Add
		DORAL, FL 33178	□Remove
			□ Change
			□Add
			 iso □Remove
			⊒ □Change
			□Add
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in effective date  ote: If the da	, if other than the e is listed, the date mus te inserted in this bl	st be specific and lock does not n	i cannot be prio neet the appli	r to date of filing cable statutory (	or more than 90 of Thing requirem	days after filing ents, this date	) Pursuant to 605,020 will not be listed a
ocument's effe	ective date on the D	epartment of S	tate's records	j.			
record specific is filed.	es a delayed effectiv	e date, but not	an effective t	nme, at 12:01 a.	m, on the earli	erof: (b) If	e 90th day after the
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Typed or printed name of signee