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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: GILMAN CIOCIA INC. Account Name

Account Number : I20120000051 : (305)937-7773 Phone

: (815)301-2897 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PADBOL MIAMI LLC

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APR 2.2 2021

M. SOLOMON

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PADBOL MIAMI LLC		
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 01/04/2021	and assigned
Florida document number L21000014947		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
SOCCER NET LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	70 N
Enter new mailing address, if applicable:		20: O: Y: U: Y: U: V:
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	l
_	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
			□Add
			□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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			□ Change
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			□Remove
			☐ Change
			□Add
			□Remove

_ 🗆 Change

Typed or printed name of signee