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CGVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Orland	do City Soccer School L	ake Nona LLC	
300mer		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Elisat	oeth Velez	
		Name of Person	
	Orlando City So	ccer School Lake Nona LL	С
		Firm/Company	
	2906 \	Via Tuscany way	
		Address	
Kissimmee fl 34744			
		City/State and Zip Code	
	elisabethve	lez123@gmail.com	
		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Elisabe	th Velez	407 046	2405
	of Person	_ 	6-3485 ne Telephone Number
		ou code Bayini.	ac rotophone reamour
Enclosed is a check for t	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 Address Registration 3 Division of C P.O. Box 632 Tallahassee, 1	Section 'orporations '7	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations l'allahassee le Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orlando City Soccer School Lake Nona	a LLC	
(Name of the Limited Liability Company as it now appears or (A Florida Limited Liability Company)	our records.)	
he Articles of Organization for this Limited Liability Company were filed on	01/20/2021	and assigned
lorida document numberL21000039050		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability company here:		
Atlantic Sports Holdings LLC		
he new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	- 1	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office address on our reco	rds, enter the nam	ie of the new regis
gent and/or the new registered office address here:		50.5
Name of New Registered Agent:		
N. B. J. John J. J.		
New Registered Office Address: Enter Florida s	etrast addrace	7 4
Enter Puorida S	meet aaaress	- -
	, Florida	
City		Zip Côde

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 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
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P	lease confirm us the FEI/EIN number. (We did not received)
tive	date, if other than the date of filing:
<u>:</u> If t	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed is effective date on the Department of State's records.
ord sp filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
d	May 11
	ELisobeth Velez Signature of a member or authorized representative of a member
	Nonature of a member or authorized representative of a member