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CHIDAGA		TAR SOCCER ACADEMY LL	.C			
SUBJE	<u> </u>	Name of Lim	ited Liability Company			
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		of Amendment and fee(s) are sub condence concerning this matter	_			
i icase i	ettin un conce	onderee concerning this matter	to the following.			
		RENAN RODRIGUES				
			Name of Person			
		CSG - CAPITAL SERVIC	ES GROUP INC			
			Firm/Company			
		6735 CONROY RD UNIT	305			
			Address			
		ORLANDO, FL 32835				
		·	City/State and Zip Code			
		RENAN@THEWAYGROU				
		E-mail address: (to be used for future annual report not	iffication)		
For furth	ner information	concerning this matter, please ca	all:			
RENAN RODRIGUES		407 770-5776 at ()				
	Name	of Person	Area Code Daytin	ne Telephone Number		
Enclosed	d is a check for	the following amount:				
	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations			Division of Co	Division of Corporations		
	P.O. Box 63 Tallahassee.		The Centre of 2415 N. Monre	Fallahassee be Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELEMENTAR SOCCER ACADEMY 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 $\frac{04/27/2021}{1}$ and assigned Florida document number <u>L21000182133</u> 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 "LLC." 6700 KINGSPOINTE PKWY Enter new principal offices address, if applicable: ORLANDO, FL 32819 (Principal office address MUST BE A STREET ADDRESS) 6700 KINGSPOINTE PKWY Enter new mailing address, if applicable: ORLANDO, FL 32819 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

Florida

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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Effective date, if other than the If an effective date is lated, the date mus Note: If the date inserted in this bl document's effective date on the D	CK GOCS HOLHKELINE	applicable states	ng or more than 90 da ry filing requireme	(optional) ys after filing.) Pursu nts, this date will re	ant to 605.02 of be listed
				rof: (b) The 90th	day after th

Filing Fee: \$25.00

Typed or printed name of signee

IRENE RODRIGUES BUCSAN