

h21 000249130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

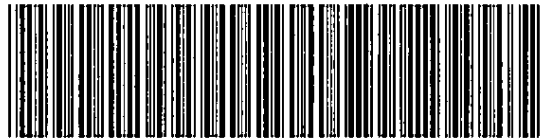
(Business Entity Name)

(Document Number)

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**FILED**  
2022 MAY 31 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
TOP SOCCER ACADEMY LLC

**SUBJECT:** \_\_\_\_\_  
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:

MARISELA NEGRETTE OLIVARES

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

14015 SANCTUARY VIEW TRAIL APT 105

\_\_\_\_\_  
Address

ORLANDO FL 32832

\_\_\_\_\_  
City/State and Zip Code

ts.topsoccer@gmail.com

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

For further information concerning this matter, please call:

MARISELA NEGRETE 305 8772804  
\_\_\_\_\_  
Name of Person at ( )  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2022 MAY 31 AM 10:44

TOP SOCCER ACADEMY LLC

SECRETARY OF STATE  
TALLAHASSEE, FL

(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 05/27/2021 and assigned  
Florida document number L21000249130

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)

Enter new mailing address, if applicable:

(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:

ANDREA PATRICIA BERRERA NEGRETTE

New Registered Office Address:

14015 SANCTUARY VIEW TRAIL APT 105

Enter Florida street address

ORLANDO

City

Florida 32832

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>                      |
|--------------|----------------------------------|---|--|
| MGR          | ENRIQUE BECERRA                  |   | <input type="checkbox"/> Add               |
|              |                                  | 14015 SANCTUARY VIEW TRAIL APT 105 ORLANDO FL 32832 | <input checked="" type="checkbox"/> Remove |
|              |                                  |   | <input type="checkbox"/> Change            |
| MGR          | ANDREA PATRICIA BECERRA NEGRETTE | 14015 SANCTUARY VIEW TRAIL APT 105                  | <input checked="" type="checkbox"/> Add    |
|              |                                  |   | <input type="checkbox"/> Remove            |
|              |                                  |   | <input type="checkbox"/> Change            |
|              |                                  |   | <input type="checkbox"/> Add               |
|              |                                  |   | <input type="checkbox"/> Remove            |
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SEATTLE WY 32  
TALLAHASSEE, FL

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2022 MAY 31 AM 10:44  
SEATTLE COUNTY DISTRICT CLERK  
TALLAHASSEE, FL

(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)

Dated 05 25, 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee