Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000287765 3)))



H210002877653ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX CARE DORAL Account Number : 12019000008 Phone : (786)845-8854 Fax Number : (321)473-3052

\*\*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 SOCCER CAGE HALLANDALE LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00



August 13, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SOCCER CAGE HALLANDALE LLC 250 NW 23RD ST #302 MIAMI, FL 33127US

SUBJECT: SOCCER CAGE HALLANDALE LLC

REF: L21000327362

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please select the type of action for "LILLIE PENA".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

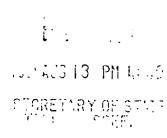
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring Regulatory Specialist III FAX Aud. #: H21000287765 Letter Number: 021A00019400

## **COVER LETTER**

	Registra Division		tion orations		
CHE IE	SOC	CCER C	AGE HALLANDALE LLC		
SODJEC	.1;		Name of Lim	ited Liability Company	<del></del>
The enclo	osed Arti	icles of A	amendment and fee(s) are sub	mitted for filing.	
Please re	turn all c	orrespor	dence concerning this matter	to the following:	
			JESSICA TORRES		
				Name of Person	**************************************
			TAX CARE DORAL		
				Firm/Company	*
			1400 NW 107TH AVE ST	E 203	
				Address	
			SWEETWATER FL 3317		
			JESSICA.TORRES@TAX	City/State and Zip Code CAREINC.COM	
			<del>-</del>	to be used for future annual report notificati	on)
For furth	er inform	nation co	ncerning this matter, please c	all:	
JESSICA	A TORRI	ES		786 845-8854	
-		Name of	Person	at () Area Code Daytime Tel	cphone Number
Enclosed	is a chec	k for the	following amount:		
置 \$25.0	00 Filing	Fee	☐ \$30.00 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)
	P.O. Bo	ation Son of Co ox 6327	ection rporations	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 323	ations hassee reet, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000327362</u>	were filed on 07/16/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	250 NW 23RD ST # 301
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33127
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	250 NW 23RD ST # 301 MIAMI FL 33127
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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>	Name	Address	Type of Action
MGR	GABRIEL HATEM	250 NW 23RD ST #301	🗀 Add
		MIAMI FL 33127	□Remove
			\mathbb{\varepsilon} Change
MGR	LILLIE PENA	250 NW 23RD ST #301	□Add
		MIAMI FL 33127	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			Remove
			Change
<del></del>			□Add
			□Remove

Change

			·		
			-		
<u>w.,</u>					
					<del> </del>
<del></del>					
<del></del>		-			
<del></del>					
			,		
	<del></del>		•		
		·-··	<del></del>		
	<del></del>			· · · · · · · · · · · · · · · · · · ·	
			<del></del>		
fective date, if oth an effective date is listed ote: If the date inser- ocument's effective d	, the date must be spec ed in this block doe	cific and cannot be pressured the app	rior to date of filing plicable statutory:	or more than 90 days aff	tional) er filing.) Pursuant to 605.02 his date will not be listed
record specifies a dela is filed.	yed effective date, 1	but not an effectiv	e time, at 12:01 a	m. on the earlier of:	(b) The 90th day after th
лл.ү 28	<del></del>	2021	·		
ated					
nted		g daten			

Filing Fee: \$25.00