

7/28/2021

L21000327362

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TAX CARE DORAL
Account Number : I20190000008
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.****

Email Address: Jessica.torres@taxcareinc.com

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

2021 Jul 13 PM 4:19

8/16/21



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

TO: Registration Section
Division of Corporations

SUBJECT: SOCCER CAGE HALLANDALE LLC
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:

JESSICA TORRES
Name of Person

TAX CARE DORAL
Firm/Company

1400 NW 107TH AVE STE 203
Address

SWEETWATER FL 33172
City/State and Zip Code

JESSICA.TORRES@TAXCAREINC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA TORRES
Name of Person

786 845-8854
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**

MAY 13 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 07/16/2021 and assigned Florida document number L21000327362.

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: 250 NW 23RD ST # 301
(Principal office address MUST BE A STREET ADDRESS) MIAMI FL 33127

Enter new mailing address, if applicable: 250 NW 23RD ST # 301
(Mailing address MAY BE A POST OFFICE BOX) MIAMI FL 33127

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

_____, **Florida**
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>	<u>Address</u>	<u>Type of Action</u>
MGR	GABRIEL HATEM	250 NW 23RD ST #301	<input type="checkbox"/> Add
		MIAMI FL 33127	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LILLIE PENA	250 NW 23RD ST #301	<input type="checkbox"/> Add
		MIAMI FL 33127	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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