Division of Corporations



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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086

Phone : (916)576-7000 Fax Number : (800)603-5863

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

RLOPS@PARASEC.COM Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHOCK CITY FUTBOL CLUB, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176383 From: 19165767036 Date: 03/22/22 Time: 7:52 AM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shock City Futbol Club, LLC			
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	10/11/2021	and assigned
Florida document number1.21000443969			
This amendment is submitted to amend the following.			
A. If amending name, <u>enter the new name of the limited liab</u>	oility company h	ere:	
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the	designation "LLC" or th	e 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)			
			7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, <u>enter the n</u>	ame of the new registers
			202
Name of New Registered Agent:			2022 HAR
New Registered Office Address:	Enter Flo	orida street address	7 7 7 A
			P 6000
	Cuy		The Confe
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		· · · · · · · · · · · · · · · · · · ·

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.

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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
AMBR	Daniel F Lopez	2674 Megan Ct	
		Carballea, FL 34684	□Remove
		Change City to : Palm Harbor	C ^M Change
			□ Add
			□Remove
			☐ Change
			□ Add
			Remove
			□ Change
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To: 18506176383 From: 19165767036 Date: 03/22/22 Time: 7:52 AM Page: 05/05

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<u>Note:</u> If the	te, if other than late is listed, the date date inserted in thi ffective date on th	s block does not	meet the applica	o date of filing or ble statutory fili	(op more than 90 days ai ng requirements, t	otional) fer filing) Pursuant to 6 his date will not be li	05 0207 sted as
e record speci rd is filed.	fies a delayed effe	ctive date, but no	ot an effective tin	ne, at 12 01 a.m	, on the earlier of.	(b) The 90th day af	ter the
Dated	March 2	1	2022				
_	<u>-</u>	Signature of a	member a author	nzed epresentativ	re of a member		
		<u> </u>	v 2				

Filing Fee: \$25.00