

L21 0000499315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

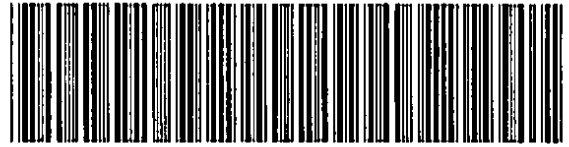
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/14/21--01014--015 **25.00

21 USC 14 PM 3:22

T. MATTHEWS

DEC 22 2021

Brian Ehrlich Corner
243 Isle of Sky Circle
Orlando, FL 32828
Mobile: (217) 454-6259
bcorner@gmail.com

December 10, 2021

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Greetings,
I need to update the information for CC7 Soccer LLC.

Summary of changes:

- Titles AP -> MR
- Middle names were abbreviated, correcting this to full middle names

The registered agent is only changing in that my middle name is no longer abbreviated. I understand and accept the obligations of the position.

My contact information is at the top of the letter if there are any questions.

Thank you,



Brian Ehrlich Corner

Enclosures:

- Check for \$25.00
- Form for amending the Articles of Organization of a Florida Limited Liability Company

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CC7 SOCCER 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:

BRIAN EHRLICH CORNER

Name of Person

Firm/Company

243 ISLE OF SKY CIRCLE

Address

ORLANDO, FL 32828

City/State and Zip Code

bcorner@gmail.com

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

For further information concerning this matter, please call:

BRIAN EHRLICH CORNER

217

454-6259

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Brian E. Cohen
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	BRIAN EHRLICH CORNER	243 ISLE OF SKY CIRCLE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32828	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	BRIAN E CORNER	243 ISLE OF SKY CIRCLE	<input type="checkbox"/> Add
		ORLANDO, FL 32828	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ABIGAIL LYNN CORNER	243 ISLE OF SKY CIRCLE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32828	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	ABIGAIL L CORNER	243 ISLE OF SKY CIRCLE	<input type="checkbox"/> Add
		ORLANDO, FL 32828	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 10, 2021

Bud Clark Corna
Signature of a neighbor or

Signature of a member or authorized representative of a member

BRIAN EHRLICH CORNER

Typed or printed name of signee