LECCULUS FT.

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(otty-outo-zips: none #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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05/02/21/

COVER LETTER

TO:

Registration Section

Division of	Corporations		
INTER	NATIONAL SOCCER CONNEC	TIONS LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sul	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	ROSA MENGUAL PREC	GO	
	- " ·	Name of Person	
	INTERNATIONAL SOC	CER CONNECTIONS LLC	
		Firm/Company	. ~>
	3856 ALLEGANY LN		
		Address	
	SANFORD / FL / 32771		· · · · · · · · · · · · · · · · · · ·
		City/State and Zip Code	<u>့</u> တ
	ADMINE BSAE	ELITE. OM (to be used for future annual report not	ification)
For further information	on concerning this matter, please of		,
ROSA MENGUAL T	PREGO	424 230-1015	
Nan	ne of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check fo	or the following amount:		
□ \$25.00 Filing Fee	es ≡ \$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)
Mailing Add Registration	on Section	<u>Street Address:</u> Registration So	
Division o P.O. Box (f Corporations 5327	Division of Co The Centre of	
	e, FL 32314		pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERNATIONAL SOCCER CONNECTIONS LLC

(Name of the Limited	Liability Compa Florida Limited	iny as it now appears on our Liability Company)	records.)	
the Articles of Organization for this Limited Liab lorida document number L22000087731	oility Company	were filed on $\frac{01/18/2022}{}$		and assigned
his amendment is submitted to amend the follow	ring:			
. If amending name, enter the new name of the	he li <u>mited liab</u>	ility company here:		
NTERNATIONAL SOCCER CONNECTIONS - IN	TERCAMPUS,	LLC		
he new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designation	n"LLC" or the ab	
nter new principal offices address, if applicab	le:	3856 ALLEGANY LN	fr	1-2
Principal office address MUST BE A STREET	ADDRESS)	SANFORD FL 32771		<u> </u>
				; .·
nter new mailing address, if applicable:		<u>.</u>	Ċ	
Mailing address MAY BE A POST OFFICE BO		1.1	9,	
	······································			
. If amending the registered agent and/or reg gent and/or the new registered office address		address on our records, g	enter the nam	<u>e of the new regi</u>
Name of New Registered Agent:	ROSA MENGU			
New Registered Office Address:	3856 ALLEGANY LN			
		Enter Florida street	address	
	SANFORD		Florida <u>^{32'}</u>	771
		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>	Address	Type of Action
AMBR	ADRIANA TASENDE MENGUAI	825 NEUSSE AVE	□Add
		ORLANDO, FL 32804	≣ Remove
			□Change
		 -	□Remove
			□Change
			□Add
			□Remove
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fective	date, if oth	er than the da	ite of filing	g:			(optiona	ıl)	
an effecti <u>ote:</u> If t	ive date is listed the date inser	i, the date must b ted in this block	e specific and c does not n	cannot be prior neet the applic	to date of filing able statutory	or more than 9 filing require) days after fili nents, this da	ng.) Pun ite will	suant to 605.020 not be listed a
ocument	t's effective d	ate on the Depa	artment of S	tate's records.					
record s _l is filed.		iyed effective o	ate, but not	an effective ti	ime, at 12:01 a	m. on the ca	lier of: (b)	The 901	th day after the
ated	SANFORD,	APRII. 22ND.	2024	. <u> </u>	\Q_				
						81/200			
						19 36 1 1 11 21 5 11	` `		

Typed or printed name of signee