

Florida Department of State  
Division of Corporations  
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((H25000051715 3)))



H250000517153ABC-

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To:

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

From:

Account Name : FORSYTH & BRUGGER, P.A.  
Account Number : I20040000147  
Phone : (239)263-6000  
Fax Number : (239)263-6757

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

Email Address:

mike@naplesppm.com

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NAPLES ELITE SOCCER CLUB LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2025 FEB 11 PM 12:36

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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NAPLES ELITE SOCCER CLUB LLC

(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 4/5/2022 and assigned  
Florida document number L22000163314.

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:

(Principal office address MUST BE A STREET ADDRESS)

700 11TH ST S., PH 3

NAPLES FL 34102

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

700 11TH ST S., PH 3

NAPLES FL 34102

**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:

JOHN N BRUGGER

New Registered Office Address:

600 5TH AVE S., STE 207

*Enter Florida street address*

NAPLES

Florida 34102

*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

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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: H250000517153

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	NOCERA, CHARLES	15153 PALMER LAKE CIR, UNIT 101	<input type="checkbox"/> Add
		NAPLES FL 34109	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NOCERA, ANNA	15153 PALMER LAKE CIR, UNIT 101	<input type="checkbox"/> Add
		NAPLES FL 34109	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DePAOLA, MICHAEL	700 11TH ST S., PH 3	<input checked="" type="checkbox"/> Add
		NAPLES FL 34102	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BERNARDO, VINCENZO	15153 PALMER LAKE CIR, UNIT 101	<input type="checkbox"/> Add
		NAPLES FL 34109	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BERNARDO, VINCENZO	15153 PALMER LAKE CIR, UNIT 101	<input checked="" type="checkbox"/> Add
		NAPLES FL 34109	<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]

**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.

Dated 2/7/2025

JOHN N BRUGGER, AUTHORIZED REPRESENTATIVE OF A MEMBER

Typed or printed name of signee