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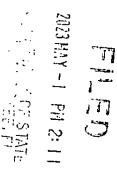
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Y. SCOTT JUN 17 2023

## **COVER LETTER**

TO: Registration Ser Division of Corp		·	
SUBJECT: FLO		E SOCIER C, ited Liability Company	Amps, LLC
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BRIA	Name of Person	
		Firm/Company	
	2229 Di	EMERON RD Address	
	TALLATIAS	SER FL 32:	308 PH 2: I
	E-mail address: (t	SER FL 32: City/State and Zip Code LY @ F5V. edu o be used for future annual report noti	fication)
For further information ed	oncerning this matter, please ca	ıll:	
BRAW Name of	PENSKY Person	at ( <u>865</u> ) <u>719</u> . Area Code Daytim	2260 e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	ortion
Registration S Division of Co		Registration Se Division of Cor	
P.O. Box 632	7	The Centre of T	'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA STATE S	OCCER CAMPS, LLC
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000303321</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
BLIAN PENSKY SOCER CA	AMPS, LLC
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	203
Enter new mailing address, if applicable:	!<
Mailing address MAY BE A POST OFFICE BOX)	
	7. I
	r:. —
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 name of the new registered</u>
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>	Name	Address	Type of Action
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			□Remove
	<u></u>		□Add
			□Remove
			Add  AAdd  AY  PH  Ghange
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ective date, if other tha	in the date of fili	ng:		(opti	onal)	
reffective date is listed, the date: If the date inserted in	this block does not	meet the applical				
cument's effective date on	the Department of	state's records.				
ecord specifies a delayed e s filed.	ffective date, but n	ot an effective tim	ne, at 12:01 a.m. o	n the earlier of: (b	) The 90	Oth day after the
ded APRIL	. 26	2023	<u>&gt;</u> .			
	Signature of	a member or author	ized representative of	of a member		
			<del>-</del>			