L23000137071

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Miami Multilingual Sports Camp	o, LLC		
	Name of Lin	nited Liability Company		
The enclosed Ar	ticles of Amendment and fee(s) are sul	bmitted for filing.		
Please return all	correspondence concerning this matter	r to the following:		
		Jose E. Mendoza		
		Name of Person		
	Mi	Miami Multilingual Sports Camp, LLC		
		Firm/Company		
		2201 SW 83RD AVE		
		Address		
		MIAMI, FL 33155	2603	
		City/State and Zip Code	2003 (1) 200 m	
		multilingualsportscamp@gmail.co	m ?>	
	E-mail address:	(to be used for future annual report notif	ication)	
For further infor	mation concerning this matter, please of	call:		
	Jose Mendoza	305-582- 3		
	Name of Person		Telephone Number	
Enclosed is a ch	eck for the following amount:			
□ \$25.00 Filin	ng Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Regist Divisi P.O. E	g Address: tration Section on of Corporations Box 6327 nassee, FL 32314	Street Address: Registration Sec Division of Corp The Centre of T	porations	
	<u>-</u>	Tallahassee, FL		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miami Multilingua	•		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appea ed Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	March 17, 2023	and assigned
Florida document numberL23000137071			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company h	ere:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company." the d	esignation "LLC" or the abb	reviation "L.I.,C."
Enter new principal offices address, if applicable:	2201	SW 83RD AVE	
(Principal office address MUST BE A STREET ADDRESS)	Mia	mi, FL 33155	
		••	7023
Enter new mailing address, if applicable:			4-
Mailing address MAY BE A POST OFFICE BOX)			· · · · · · · · · · · · · · · · · · ·
 If amending the registered agent and/or registered offic agent and/or the new registered office address here: 	e address on our r	ecords, <u>enter the name</u>	
gent and of the field registered office address here,			on on
Name of New Registered Agent:	Nadia Khan-F	Roberts	
New Registered Office Address:	2730 SW 99th	Ave	
	Enter Floi	rida street address	
	Miamı	Florida	33165
	City		Zin 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

II Clark

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>	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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ote: If the d	e, if other than the date on the is listed, the date must be spe- late inserted in this block door fective date on the Departme	es not meet the applicable	date of filing or more tha	(optional) n 90 days after filing.) irements, this date v	Pursuant to 605.0 vill not be listed
ecord specifis filed.	fies a delayed effective date.	but not an effective time	e, at 12:01 a.m. on the	earlier of: (b) The	: 90th day after t
ted	June 25	2023			
	<u>—</u> ;——————				
		1100-3-	-		

Filing Fee: \$25.00