## L23000311989

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## COVER LETTER

TO: Registration S Division of Co			
	ES USL LLC		
SUBJECT:	Name of Lim	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
	Amendment and fee(s) are sub	-	
Please return all correspondence	ondence concerning this matter	to the following:	
	Daniel Mildenberg		
		Name of Person	
	FC NAPLES USL LLC		
		Firm/Company	
	549 NE 55th St,		
		Address	
	Miami, FL 33137		
		City/State and Zip Code	
	daniel@fcnaples.com		
F 6		to be used for future annual report notif	ncation)
	concerning this matter, please c		
Daniel Mildenberg		786 2513149 at ()	
Name o	of Person	Area Code Daytime	c Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	etion
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	41	The Centre of T	allahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FC NAPLES USL 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 June 27,2023 \_ and assigned Florida document number \_\_\_\_\_\_L23000311989 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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.

City

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	Nikolaus D. Semaca	2120 W Leland Ave, Chicago, IL 60625	<b>=</b> Add
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			□ Change
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Effective date, if other t	han the date of filing: _		(options	al)
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ive date, if other t	than the date of filing: e date must be specific and cann	not be prior to date of filing	or more than 90 done after fill	al)
	d effective date, but not an e			

Filing Fee: \$25.00