[redacted]

L23000347747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Incorrect Form
W24000020566
Incorrect-Suffix

Office Use Only

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2024 JAN 15 P 7:27

AB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Soccer Family Reviews, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John R. King
Name of Person

N/A
Firm/Company

7867 SW 89th Lane
Address

Miami, FL 33156
City/State and Zip Code

lessamine147@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John King at (305) 490-4755
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Note: $35 check already cashed from previous request
Check # 2973

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Soccer Family Reviews, 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 7/24/23 and assigned Florida document number L23000347747

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Soccer Kings, LLC

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) N/A

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX) N/A

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: N/A

New Registered Office Address: N/A
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

Title	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 3/11/24.

Signature of a member or authorized representative of a member

John King

Typed or printed name of signee

Filing Fee: $25.00

03/11/2024

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Amendment to Articles/ Soccer Family Reviews, LLC/ #L23000347747

To whom it may concern:

Attached please find the necessary paperwork to amend the articles of organization of Soccer Family Reviews, LLC. Please note that this is the second attempt as we failed to write the correct suffix the first time. Note that check #2973 in the amount of $35 has already been cashed; as such, I trust an additional amount of $25 will not be required.

Thank you in advance for processing this paperwork as soon as possible and we look forward to hearing from you soon.

Sincerely,

John King

RECEIVED
MAR 15 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2024

JOHN R. KING
7867 SW 89TH LANE
MIAMI, FL 33156

SUBJECT: SOCCER FAMILY REVIEWS, LLC
Ref. Number: L23000347747

We have received your document for SOCCER FAMILY REVIEWS, LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. YOU HAVE THE INCORRECT SUFFIX FOR YOUR AMENDING NAME.. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

FLORIDA PROFIT CORPORATIONFLORIDA LIMITED LIABILITY COMPANY. YOU HAVE THE INCORRECT SUFFIX FOR YOUR AMENDING NAME.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 724A00002644