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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT:		lleyball Academy LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Tausha_Vialva Name of Person	
		Name of Person	
	Set	it Off Volleyball Academy LLC Firm/Company	<u>.</u>
		620 SW 95th Terrace Address	
		Pembroke Pines, FL 3503	15
		City/State and Zip Code	
	Setitof E-mail address: (fvolleyballacademy@yahoo.com to be used for future annual report notification	n)
For further information c	concerning this matter, please co	all:	
Taush	a Vialva	at (850)322-3370	
Name c	of Person	Area Code Daytime Tele	phone 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)
Mailing Addres		Street Address:	
Registration : Division of C		Registration Section Division of Corporat	
P.O. Box 632		The Centre of Tallah	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Set it Off Volleyt	oall Academy LLC	<u>-</u>	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appear I Liability Company)	's on our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on	January 29, 2024	and assigned
Florida document numberL24000051904			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company ho	ere:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the d	esignation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			1 3 1 3
			, ,
inter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			,
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our ro	ecords, <u>enter the name</u>	of the new regist
Name of New Registered Agent:		·	
New Registered Office Address:			
	Enter Flor	ida 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 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
MGR	Tausha Vialva	620 SW 95th Ter, Pembroke Pines, Fl. 3302	[XAdd
			□Remove
			□Change
			□Add
			□ Remove
			☐ Change
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fective date, i	f other than the s listed, the date mu	date of filing	g:			(optiona	ıl)	
in effective date i	s listed, the date mu inserted in this bl	st be specific and	cannot be prior	to date of filing o	r more than 90	days after fili	ng.) Pursuant to	605,020 H. est a
	tive date on the D				img requirer	icins, uns de	ite will not be	iisica a:
		ce date. but not	an effective ti	me at 12:01 au	n, on the ear	lier of: (h)	The Ofth day :	After the
	a delayed effects	e date, out not	an effective (itie, at 12.01 a.i	n. on me car	net ()1. (0)	The Military	iiici iiic
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record specifies		Signature of a r	n	orized representat	ive of a memb	er		