## L24000106463

| (Req                       | uestor's Name)  | <del></del> |
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| (City/                     | State/Zip/Phon  | e #)        |
| PICK-UP                    | ☐ WAIT          | MAIL        |
| (Busi                      | ness Entity Nai | me)         |
| (Doce                      | ument Number)   | <u> </u>    |
| Certified Copies           | Certificate     | s of Status |
| Special Instructions to Fi | ling Officer:   |             |
|                            |                 |             |
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Office Use Only



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## **COVER LETTER**

TO:

| TO: Registration Division of | on Section<br>f Corporations                 |   |  |
|------------------------------|--|---|--|
|                              | Soccer, LLC                                  |   |  |
| SUBJECT:                     | Name of Lin                                  | nited Liability Company   |  |
|                              | es of Amendment and fee(s) are su            | -   |  |
| Please return all cor        | respondence concerning this matte            | r to the following:   |  |
|                              | Jaydon Rodriguez                             |   | _  |
|                              |  | Name of Person  | - se   |
|                              | MET Soccer, LLC                              |   | 2004 SEP 23 AM 9: 28 SECRETAINS SECRETAINS   |
|                              |  | Firm/Company  | 3  |
|                              | 6944 NW 50 Street,                           |   | · · · · · · · · · · · · · · · · · · ·  |
|                              | · · ·  | Address   | 78   |
|                              | Miami, FL 33166                              |   | , (2,)   |
| •                            | jaydonsrodriguez@gmail.c                     | City/State and Zip Code   | <del></del>  |
|                              | · · · · · · · · · · · · · · · · · · ·        | (to be used for future annual report notification)  | <u> </u>   |
| For further informat         | ion concerning this matter, please           | call:   |  |
| Jaydon Rodriguez             |  | 786 4052229   |  |
| N                            | ame of Person                                | Area Code Daytime Telephone   | e Number   |
| Enclosed is a check          | for the following amount:                    |   |  |
| <b>■ \$25.00</b> Filing F    | ce S30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed)  | 60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Division<br>P.O. Box         | ion Section<br>of Corporations               | Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303 | ee   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MET Soccer, LLC  (Name of the Limited Li (A FI   | ability Compa<br>orida Limited I | ny as it now appears on our reco   | ords.)                           |
|--|----------------------------------|------------------------------------|----------------------------------|
| The Articles of Organization for this Limited Liabili  | ty Company                       | were filed on 03/01/2024           | and assigned                     |
| Florida document number L24000106463   |                                  |                                    |                                  |
| This amendment is submitted to amend the following   | g:                               |                                    |                                  |
| A. If amending name, enter the new name of the   | limited liab                     | ility company here:                |                                  |
| N/A  |                                  |                                    |                                  |
| he new name must be distinguishable and contain the words  | "Limited Liabil                  | ity Company," the designation "L   | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable   | :                                | 6944 NW 50 Street,                 | . 29                             |
| Principal office address MUST BE A STREET AI   |                                  | Miami, FL 33166                    | Sins :                           |
|  |                                  |                                    | 一种 图                             |
|  |                                  |                                    |                                  |
| Enter new mailing address, if applicable:  |                                  | 6944 NW 50 Street,                 |                                  |
| (Mailing address MAY BE A POST OFFICE BOX)   |                                  | Miami, FL 33166                    | High SP<br>High Sp               |
|  |                                  |                                    | <u>ිද්ද</u> ි කි                 |
| 3. If amending the registered agent and/or regist gent and/or the new registered office address he |                                  | address on our records, <u>ent</u> | er the name of the new regis     |
| Name of New Registered Agent:  | /A                               |                                    |                                  |
| New Registered Office Address: 65  | 944 NW 50 St                     | reet,                              |                                  |
|  |                                  | Enter Florida street add           | ress                             |
| <u>M</u>   | liami                            | , Florida 33166                    |                                  |
|  |                                  | 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>                            | Name                                  | Address     | Type of Action   |
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| ective date, if other than the date of filing: effective date is listed, the date must be specific and ca e: If the date inserted in this block does not meeture. Seffective date on the Department of States | t the applicable st                   |                         |                                       |                   |
| cord specifies a delayed effective date, but not an stilled.  | effective time, at                    | 12:01 a.m. on the ea    | rlier of: (b) The                     | 90th day after th |
| September 20,   | 2024                                  |                         |                                       |                   |
| $\sim$ $\sim$   |                                       | representative of a men |                                       |                   |
|   |                                       |                         |                                       |                   |