Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000180910 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.

Account Number : I20230000190 : (844)449-3624 Phone fax Number : (512)597-8678

\*\*Enter the email address for this business entity to be used for future

Email Address:\_

annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 360SOCCERCOACH LLC

Certificate of Status	0
Certified Copy	0 ,
Page Count	04
Estimated Charge	\$25,00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

Page: 2 of 4

2024-05-21 10:55:38 UTC+14

18506176383

From: ZenBusiness User

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

H240001809103

TILED PAZIL 360SpecerCoach 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  $\frac{4/19/2024}{2}$ 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 "LLC" 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.

Cay

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_\_

Page: 3 of 4

2024-05-21 10:55:38 UTC+14

18506176383

From: ZenBusiness User

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	Trucey Driscoff MD	1111 Brickell Bay Drive Apr 706	□Add
		Miamí, FL 33131-2955	<b>■</b> Remove
			Change
	<del></del>		🗆 Add
			70 E
			20 PR 2:47
			☐ Change
			□Add
		····	□ Remove
			□Change
		Page 1 and 1	□Add
			□Remove
			□Change
			DAdd
			□ Remove
			(I) Change

H24000180910 3

. It amending any other int	ormation, enter change(s) here: Attach addition	uu sneeis, y necessary.)
	144 (A - 144	
		12311221
		702 TAC
		LAFE TA
<del> </del>		20 ASS
		me re
Maria		HAY 20 PM 2: 47
		<u></u> 5
4.01.00.00.00.00.00.00.00.00.00.00.00.00.		-
<del></del>	100 100 100 100 100 100 100 100 100 100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Note: If the date inserted in	n the date of filing:  te must be specific and cannot be prior to date of filing or mor his block does not meet the applicable statutory filing the Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 605.0207 (3, requirements, this date will not be listed as the
he record specifies a delayed et ord is filed	fective date, but not an effective time, at 12:01 a.m. or	n the earlier of: (b) The 90th day after the
Dated	2024	
	/s/ tom ide	
	Signature of a member or authorized representative of	i'a member
tom ide		
	Typed or printed name of signee	