

| (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: |
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| Copy Paste wrong name filed in error |
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FILED
Dec 16, 2024 08:00 AM
Secretary of State



COVER LETTER

| Division of Corp | orations | | | |
|-----------------------------|--|---|----------------------|--|
| NACIONAL | FUTBOL CLUB LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| | | | | |
| The enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspon | dence concerning this matter | to the following: | | |
| | Yazmin Arosemena | | | |
| | | Name of Person | | |
| | LAVITA TAX CORP | | | |
| | | Firm/Company | | |
| | 2125 Biscayne Blvd | | | |
| | | Address | | |
| | Miami, FL 33137 | | | |
| | | City/State and Zip Code | | |
| | YAZMIN@LAVITAINSUR | | | |
| | | to be used for future annual | report notification) | |
| For further information cor | icerning this matter, please ca | all: | | |
| YAZMIN AROSEMENA | | | 3-6782 | |
| Name of l | Person | Area Code | Daytime Telephone | Num |
| 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 enc | losed) C | 60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed) |
| Mailing Address: | | Street Ac | <u>tdress:</u> | |

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

TO:

Registration Section

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

FILED Dec 16, 2024 08:00 AM Secretary of State

| NACIONAL FUTBOL CLUB LLC | | |
|---|---|---|
| (Name of the Limited Liability Compan (A Florida Limited Lia | y as it now appears on or ability Company) | ur records.) |
| The Articles of Organization for this Limited Liability Company we Florida document number L24000520599 | vere filed on 12/16/20 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | |
| Dohko Consulting Partners LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company," the designat | ion "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 ac agent and/or the new registered office address here: Name of New Registered Agent: | ldress on our record | s, enter the name of the newsregistered |
| New Registered Office Address: | Enter Florida stro | vet address |
| | Photo A | |
| 4 | Cuy | Florida |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance of my di vovided for in Chapte | uties, and I am familiar with and er 605, F.S. Or, if this document is |

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 |
|--------------|-------------|---------|----------------|
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| Effective date, if other than the c | late of filing: | | (ontio | nal) |
| Effective date, if other than the off an effective date is listed, the date must Note: If the date inserted in this blockbocument's effective date on the Department. | ck does not meet the ap | pplicable statutory f | or more than 90 days after Hing requirements, this | filing.) Pursuant to 605.0207 date will not be listed as |
| | date, but not an effect | ive time, at 12:01 a.: | m. on the earlier of: (b) | The 90th day after the |
| record specifies a delayed effective d is filed. | | | | |
| | 2024 | | | |
| d is filed. | <u>2024</u> | · · | | |
| d is filed. December 26 Dated | ignature of a member or | | tive of a member | |

Filing Fee: \$25.00