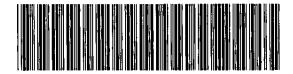
N01000000087

(Re	questor's Name)	
(Ad	dress)	_
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

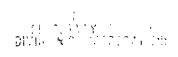
TO: Amendment Section **Division of Corporations**

PINECREST P NAME OF CORPORATION:	REMIER SOCCER	INC			
N01000000087 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are	e submitted for filing	<u>,</u>			
Please return all correspondence concerning this	matter to the following	ing:			
MAUREEN MOZTARZADEH					
	(Name of Con	tact Person)			
PINECREST PREMIER SOCCER INC					
	(Firm/ Co	mpany)			
11349 S. DIXIE HWY.					
	(Addro	ess)			
MIAMI, FL 33156					
	(City/ State and	d Zip Code)			
panther I@pinecrestpremier.us					
E-mail address: (to be	used for future annu	ial report not	ification		
For further information concerning this matter, p	lease call:				
MAUREEN MOZTARZADEH		305 at		255-3422	
(Name of Contact P	erson)		Code)	(Daytime Telepl	none Number)
Enclosed is a check for the following amount ma	de payable to the Flo	orida Departr	nent of S	State:	
□ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St	ee & =\$43.75 Filing atus Certified Co (Additional cenclosed)	ру	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address	•	Street Ad	dress		

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

Street Address
Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



PINECREST PREMIER SOCCER INC.

15 MAY 18 PM 12: 52

(Name of Corporation as	currently filed with the Flori	da Dept. of State)
N01000000087		
(Documen	nt Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "company" or "Co." may not be used in the name.	corporation" or "incorporated	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADL</u>	<u>DRESS</u>)	
	.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	(Y)	
(muning address MAT BE AT OST OFFICE BO	<u></u>	
D. If amending the registered agent and/or register		enter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent:		
<u> </u>	(Flo	rida street address)
New Registered Office Address.		
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		he obligations of the position.
	Signature of New Registe	ered Agent if changing
	Angituture of Hen Negiste	rewrigem, ij ununging

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

Example: X Cliange X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DR.	ISMAEL ROQUE-VELASCO	8040 SW 54 Court
Add			MIAMI, FL 33143
X Remove			
2) Change			
Add			
Remove			
3)Change	 		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)			
· ···				
			 •	
		 	 	
			 	
			 	
			 	- "
				······································
·				

		MAY 8, 2015	
The date of each amendmen			, if other than the
late this document was signed			ned to the first of the
Effective date if applicable:	MAY 8, 2015		201 - 101 -
in applicable.	(no	more than 90 days after amendment file date)	15 MAY 18 PM 12: 52
Note: If the date inserted in the locument's effective date on the		ot meet the applicable statutory filing requirements of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>C</u>	CHECK ONE)	
The amendment(s) was/was/were sufficient for a		the members and the number of votes cast for the a	mendment(s)
There are no members or adopted by the board of a		ed to vote on the amendment(s). The amendment(s) was/were
Dated MAY	7 9, 2015		
Signature		Dolage	
have i	not been selecte	ce chairman of the board, president or other officer d, by an incorporator – if in the hands of a receiver, fiduciary by that fiduciary)	
RE	ENATO SALAZ	AR	
		(Typed or printed name of person signing)	
PR	ESIDENT		
_		(Title of person signing)	