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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

COMMUNI NAME OF CORPORATION:	TY SOCCER OUTREACE	H, INC.	
N03000005908 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning th	nis matter to the following:		
Oscar Martinez			
	(Name of Contact	Person)	
COMMUNITY SOCCER OUTREACH, INC			
	(Firm/ Compa	nny)	
9249 SW 169 Passage			
	(Address)		
Miami, FL 33196			
	(City/ State and Zi	ip Code)	· ·
cso2004@hotmail.com			
E-mail address: (to	be used for future annual	report notification	n)
For further information concerning this matter	, please call:		
Oscar Martinez		786 at	663-0874
(Name of Contact		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount i	made payable to the Florid	a Department of	State:
	Fee & S43.75 Filing For Status Certified Copy (Additional copenctors)	Certif y is Certif	0 Filing Fee leate of Status led Copy tional Copy is osed)
Mailing Address Amendment Section		Street Address Amendment Sect	
Division of Corporations P.O. Box 6327		Division of Corpo Clifton Building	prations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FLED

COMMUNITY SOCCER OUTREACH, INC.

(Name of Corporation as curre N03000005908	ently filed with the Florida Dep	CARSHE) P 1: 48
	nber of Corporation (if known)	RETARY OF STATES TO A ARASSEE FLORIDA
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not For Profit</i> (Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
COMMUNITY SERVICE OUTREACH, INC.		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the	
B. Enter new principal office address, if applicable:	9249 SW 169 Passage Miami,	FL 33196
(Principal office address MUST BE A STREET ADDRES.	(2	
	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9249 SW 169 Passage Miami.	, FL 33196
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		e name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida stree	t address)
	(City)	, Florida (Zip Code)
	·	(inp cone)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j		gations of the position.
	Signature of New Registered Age	ent, if changing

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 Change X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Add Remove			

(attach additional	dding additional A sheets, if necessary	Articles, enter (). (Be specif	<u>change(s) her</u> ic)	<u>e</u> :			
 							
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	date of each amendmen this document was signed	t(s) adoption:	, if other than the
	ctive date if applicable:	January 22, 2018	
		(no more than 90 days after amendment file date)	
		his block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	will not be listed as the
Ado	ption of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/w was/were sufficient for a	vere adopted by the members and the number of votes east for the amendment optional.	(s)
	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	01/22 Dated	/2018	
	Signature		
	have	e chairman or vice chairman of the board, president or other officer-if director not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Os	car Martinez	_
	Pro-	esident (Typed or printed name of person signing) (Side of person signing)	-

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