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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Flor	ida Keys	Soccer CI	lub, Inc.
DOCUMENT NUMBER: <u>No3000</u>	006420		
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following	; .	
Missy Cata (Nam	e of Contact Person)		
(1	Firm/ Company)	<u> </u>	. <u></u>
91750 Ove	(Address)		ingual de la la la de la
Tave/nie/ (City/	State and Zip Code)	70	
E-mail address: (to be	used for future annual	report notification	1)
For further information concerning this matter, pl	lease call:		
Missy (atarinea) (Name of Contact Person)	at (3	Sode & Daytime 1	1833
Enclosed is a check for the following amount ma			
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & Certificate of Status	•	ng Fee &	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amenda Division Clifton	Address ment Section on of Corporations Building xecutive Center Cir	,

Tallahassee, FL 32301

Articles of Amendment

to	49	
Articles of Incorp	oration	
Florida Keys Soci	er (lub, Inc.	6. N
(Name of Corporation as currently filed wit	h the Florida Dept. of Sta	te)
NO3 0000 6	410	₩
(Document Number of Corpor	/	
Pursuant to the provisions of section 617.1006, Florida Statute the following amendment(s) to its Articles of Incorporation:		rofit Corporation adopts
A. If amending name, enter the new name of the corporat	ion:	
The new name must be distinguishable and contain the wor abbreviation "Corp." or "Inc." "Company" or "Co." may n		orporated" or the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	134 Tey Tavernier, FL	vesta 54.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	134 Tequesta Tavernier, FL	<u>St.</u> 37070
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a Name of New Registered Agent:		er the name of the
New Registered Office Address: (Flo	orida street address)	_
Then the Engletica Office Address.		
		_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I amposition.		nt the obligations of the
- C31	D	*

Signature of New Registered Agent, 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)

<u>Title</u>	Name	Address	Type of Action
44	Annie Recknerdt	Po Box 86 Islamorada, FL 3231	☐ Add ☑ Remove
TD	Melissa Catarineau	91750 Oversen Huy Taverner, FL 32070	Add Remove
<u>27</u>	Tim Wyatt	POBOX 86 TSkimondy FL 35036	Add Remove
	ding or adding additional Articles, ente		
(attach a	dditional sheets, if necessary). (Be spec	rific)	
			
			, , , , , , , , , , , , , , , , , , ,
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
ND	Chris Bull	Po Box 86 Islamonda, FL 3303	Add Remove
PD	Chris Bull	150 Calle Erseuno Murathor, FL 33050	Add Remove
<u>TD</u>	Tammy Cautier	125 Key Heights Dr.	Add ☐ Remove
	ling or adding additional Articles, enter idditional sheets, if necessary). (Be specif		
<u> </u>			

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)

<u>Title</u> <u>Name</u> Address **Type of Action** E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

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)

<u>Title</u>	Name	Address	Type of Action
VD	Colleen Perry	231 Mohawk J. Tavenice, Fl 33.70	Add Remove
·	-,		_
			
	ing or adding additional Articles, en Iditional sheets, if necessary). (Be sp		
·. ,			

The date of each amendment(s) adopti	on: Mayd, 2011
_	(date of adoption is required)
Effective date <u>if applicable</u> :	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members en adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were
Dated	12/11 0 A C
(By the chairn have not been	nan of vice chairman of the board, president or other officer-if directors a selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)
	Melissa (a turinga) (Typed or printed name of person signing)
	(Title of person signing)

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