# NO8000004011

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Styletate/2,p/ Hone II)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
•				
Special Instructions to Filing Office				
Special Instructions to Filing Officer:				

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09 JUN -2 AMII: 17

SECRETARY OF STAIL

Amend C.COULLIETTE

JUN - 2 7,009

**EXAMINER** 

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: BRAZILIAN CO	DMMUNITY SOCCER I	FLORIDA, INC.
DOCUMENT NUM	BER: N08000004011		
The enclosed Article	s of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this matte	er to the following:	
·		ANDA LOLA	
	(Name of	Contact Person)	
•	SMA	ART TAX	
	(Firm	Company)	
	513 E SA	MPLE ROAD	
	(A	ddress)	<del></del>
,	POMPANO E	BEACH, FL 33064	
	(City/ Stat	e and Zip Code)	
	FERNANDA@T E-mail address: (to be used	HESMARTTAX.COM I for future annual report notifica	ution)
For further informati	on concerning this matter, please	call:	
FÉRNANDA LOLA		at ( 954 <sub>) 782-361</sub>	0
(Name	of Contact Person)	at ( 954 ) 782-361 (Area Code & Daytin	ne Telephone Number)
Enclosed is a check to	for the following amount made pa	ayable to the Florida Department	of State:
	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$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		Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 20, 2009

FERNANDA LOLA SMART TAX 513 E SAMPLE RD POMPANO BEACH, FL 33064

SUBJECT: BRAZILIAN COMMUNITY SOCCER FLORIDA, INC.

Ref. Number: N08000004011

We have received your document for BRAZILIAN COMMUNITY SOCCER FLORIDA, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 909A00017127

#### Articles of Amendment to Articles of Incorporation of

## BRAZILIAN COMMUNITY SOCCER FLORÎDA, INC.

		· · · · · · · · · · · · · · · · · · ·	
(Name of Corporation as cur	rently filed with t	ne Florida Dept. of S	tate)
NO	8000004011		
(Document Nu	umber of Corporation	on (if known)	<del></del>
Pursuant to the provisions of section 617.100e he following amendment(s) to its Articles of	Incorporation:		Profit Corporation adopts
A. If amending name, enter the new name	of the corporation	<u>:</u>	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	contain the word or "Co." may not	"corporation" or "in be used in the name	corporated" or the
B. Enter new principal office address, if ap			
Frincipui office uduress MOST BE A STRE	<u>LET ADDRESS</u> )		
			ECH ECH
			₹ <u>₩</u> .
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF			-2 SSE SSE
(Mutting address MAT BE A FOST OFT	TCE BUX	· · · ·	
			E
			RA :
D. If amending the registered agent and/or			nter the name of the
new registered agent and/or the new re	gistered office add	ress:	
Name of New Registered Agent:	FERN	ANDA LOLA	
•	513 E S	AMPLE ROAD	
New Registered Office Address:	(Florid	la street address)	_
	POMP	ANO BEACH	_, Florida 33064
		(City)	(Zip Code)
New Registered Agent's Signature, if chan	ging Degistered Ac	ront.	
hereby accept the appointment as register			ept the obligations of the
position.	0	,	
	Furan	da lola	

Page 1 of 3

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** DE OLIVEIRA BEZERRA, JORGE 11578 NW 39TH PLACE D \_ 🔲 Add LOLA, FERNANDA D 513 E SAMPLE ROAD \_\_\_ 🗹 Add POMPANO BEACH, FL 33064. Remove ☐ Add \_\_\_\_ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendmen	t(s) adoption: 05/11/2009
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/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) eroval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
!	
Dated_05/1	1/2009/
t Signature	Surino Mdde Serie
i (By	the chairman or vice chairman of the board president or other officer-if directors
	e not been selected, by an incorporator — fr'in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	LUCIANO A. DA SILVA
	(Typed or printed name of person signing)
•	DIRECTOR
	(Title of person signing)

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