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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION	N: LIGA DE FUTBO	L (SOCCER) ZORRO INC)
DOCUMENT NUMBER: N	11000010011		
The enclosed Articles of Amer		bmitted for filing.	
Please return all corresponden	ce concerning this mat	tter to the following:	
SALV	ADOR LEON		
		Name of Contact Person)
		Firm/ Company	
4003 S	KYCREST DR		
		Address	
JACKS	ONVILLE, FL 32246	, i	
		City/ State and Zip Code	3
homeincome	axservice@comcast.n	ct	
E-	mail address: (to be us	sed for future annual report	notification)
For further information concer	ming this matter, pleas	e call:	
SALVADOR LEON		at (de & Daytime Telephone Number
Name of Conta	ct Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made p	payable to the Florida Depa	rtment 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 Ad Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LIGA DE FUTBOL (SOCCER) ZORRO INC

FILED

(<u>Name</u> 11000010011	of Corporation as currently filed with the	Florida Dept. of State
11000010011		
		2017 MAR 27 ₽ 3 45
	(Document Number of Corporation (if	f known) SECRETARY OF STATES TALLAHASSEE, FLORIDA
suant to the provisions of section 607 Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Profit</i> C	Corporation adopts the following amendment
If amending name, enter the new n	ame of the corporation:	
GA DE FUTBOL (SOCCER) METAI	LES JACKSONVILLE INC	The new
orp.," "Inc.," or Co.," or the design rd "chartered," "professional associa		
Enter new principal office address, incipal office address <u>MUST BE A S</u>		
Enter new mailing address, if appl	icabl <u>e:</u>	
(Mailing address MAY BE A POST If amending the registered agent ar	office BOX) and/or registered office address in Florida,	enter the name of the
(Mailing address <u>MAY BE A POST</u>	od/or registered office address in Florida, w registered office address:	enter the name of the
(Mailing address MAY BE A POST If amending the registered agent ar	office BOX) and/or registered office address in Florida,	enter the name of the
(Mailing address MAY BE A POST If amending the registered agent an new registered agent and/or the new registered agent.)	od/or registered office address in Florida, w registered office address:	enter the name of the
(Mailing address MAY BE A POST If amending the registered agent an new registered agent and/or the new registered agent.)	nd/or registered office address in Florida, w registered office address: SALVADOR LEON	enter the name of the
(Mailing address MAY BE A POST If amending the registered agent an new registered agent and/or the new registered agent	od/or registered office address in Florida, w registered office address: SALVADOR LEON 4003 SKYCREST DR	enter the name of the Florida 32246

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 <math>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	<u>PT</u>	John De	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sa	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP		ESCAMILLA, LUIS A	27823 LANTANA LAKES DR
Add X Remove				JACKSONVILLE FL 32246
2) Change	S		LEON, CESAR U	4003 SKYCREST DR
X Add				JACKSONVILLE, FL 32246
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

ttach <i>additio</i>	nal sheets, if necessary). (E	Be specific)			
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an amendm	ent provides for an exchang	e, reclassification, (or cancellation of is	sued shares,	
if not ar	r implementing the amendmolicable, indicate N/A)	ient ir not contained	i in the amendmen	HSCII:	
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• •	03/19/2017	
The date of each amendment	c(s) adoption:	, if other than th
date this document was signed		
December of the second contractions	03/19/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	vill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/weby the shareholders was/weby	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated		
Signature	By a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	opointed fiduciary by that fiduciary)	
	SALVADOR LEON	
	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	