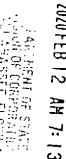
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATI	CITY SOCCER FO			
DOCUMENT NUMBER:	N14000008698			
The enclosed Articles of An		mitted for filing.		
Please return all correspond		_		
BORIS JOFRE		Ü		
		(Name of Contact I	Person)	
CITY SOCCER				
	*	(Firm/ Compar	ny)	
1016 CLARE AVE UNIT	4			
		(Address)		
WEST PALM BEACH, FI	_ 33401			
		(City/ State and Zip	Code)	
UCHILE79@YAHOO.CC	М			
	-mail address: (to be used	for future annual ro	port notificatio	n)
For further information con-	cerning this matter, please	call:		
BORIS JOFRE		21	561 1	386-8195
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida	Department of	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing A	Address ent Section		treet Address mendment Sect	ion
Division of Corporations P.O. Box 6327		D	ivision of Corp	orations
		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

Articles of Amendment to Articles of Incorporation of

CITY SOCCER FOR KIDS, INC

(Name of Corporation as currently filed with the Florida D	ept. of State)
N14000008698	
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
CITY SOCCER FC, INC.	The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	2020 FEE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	HENT OF STATE OF CORPORATION THE PROPERTY OF STATE OF STA
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	(City) , Florida, (Zip Code)
New Registered Agent's Signature, if changing Registered 1 I hereby accept the appointment as registered agent. I am fam	
Sig	nature 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)

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 Do Y Mike Jo SV Sally St	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change X Add	<u>V</u>	Andres Colman	1016 Clare ave unit 4 West palm Beach, FI 33401
Remove			
2) Change Add			
Remove 3) Remove			
4) Change Add			
Remove			
5) Change Add		····	
Remove			
6) Change Add			
Remove	I d'at I a	Page 2 of 4	
(attach additional shee		icles, enter change(s) here: (Be specific)	
			

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—			
		Page 3 of 4	
The date	date of each amendment(s) ad this document was signed.	Pebruary 10, 2020 , if other t	han the
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	-
Not doct	e: If the date inserted in this blocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.	the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were ad was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s)	

⊠	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated 2 10 2020
	Signature (By the chairman or vice chairman of the board, president of other officer-if directors have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed liduciary by that fiduciary)
	(Typed or printed name of person signing)
	President (Title of person signing)