N240000 7845

| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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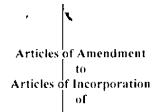
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| COV | <u>ER LETTER</u> | | |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|--|
| TO: Amendment Section Division of Corporations | | | |
| NAME OF CORPORATION: 50 C | CER UNITED FC CORP | | |
| DOCUMENT NUMBER: N240 | 00007845 | | |
| The enclosed Articles of Amendment and fee are submitted for | filing. | | |
| Please return all correspondence concerning this matter to the f | ollowing: | | |
| Juigo J. 1 | RAMOS GOMEZ FContact Person) | | |
| (Name o | f Contact Person) | | |
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| space U | rited FC CORD | | |
| (Fire | ited FC conp | | |
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| 5205 SW | 915+ AVR +1 | | |
| (| Åddress) | | |
| Coopen City | F/3/2/DA. 33328 | | |
| (City/ Str | te and Zip Code) | | |
| · | | | |
| Searchitectp 2 gr E-mail address: (to be used for future | mail. com | | |
| E-mail address: (to be used for future | e annual report notification) | | |
| For further information concerning this matter, please call; | | | |
| The Paris Care | (205)721 - 2047 | | |
| (Name of Contact Parson) | at $(3.05)726-8047$ (Area Code) (Daytime Telephone Number) | | |
| (Name of Confact Person) | (Area Code) (Daytime Telephone Number) | | |
| Enclosed is a check for the following amount made payable to t | he Florida Department of State: | | |
| Certificate of Status Certific | Filing Fee & EF\$52.50 Filing Fee ed Copy Certificate of Status onal copy is Certified Copy (Additional Copy is Enclosed) | | |
| Mailing Address | Street Address | | |
| Amendment Section | Amendment Section | | |
| Division of Corporations | Division of Corporations | | |
| P.O. Box 6327 | The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303



| SOCCER UNITED FC CO | np |
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| | |
| N 2 400000 7845 (Document Number | |
| (Document Number | of Corporation (if known) |
| Pursuant to the provisions of section 617.1006, Florida Statutes, amendment(s) to its Articles of Incorporation: | |
| A. If amending name, enter the new name of the corporation | |
| ATLETICO MIAMI IN TERNA | cional FC Conp The new |
| name must be distinguishable and contain the word "corporatio" "Company" or "Co." may not be used in the name. | m" 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>) | w/A |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office address registered agent and/or the new registered office address registered re | |
| | 1/2 |
| Name of New Registered Agent: | |
| New Registered Office Address: | (Florida street address) |
| New Registered Agent's Signature, if changing Registered A | iCityi (Zip Code) |
| Thereby accept the appointment as registered agent. I am fami | |
| Sigi | nature of New Registered Agent, if changing |

| and address of each Offi (Attach additional sheets, Please note the officer/dir P = President; V = Vice F Executive Officer; CFO = held. President, Treasure. | icer and/or Directif necessary) rector title by the President: T= Trectif Financial r, Director would | etor being added: first letter of the off asurer: S= Secretar Officer. If an office be PTD. | ice title: y; D= Director; TR= Truste er/director holds more than | rector being removed and title, name, ee; C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|
| a change, Mike Jones lea Mike Jones, V as Remove | ves the corporation | on, Sally Smith is no | inned the V and S. These sho | T and Mike Jones is listed as the V. There t uld be noted as John Doe, PT as a Change | !S !. |
| 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> | <u>Name</u> | | Address | |
| Change Add | <u> </u> | J <u>o</u> han <u>S.</u> | MUNETON CASTANO | 5205 SW 915+ AVE #1 | 1 28 |
| 2) Change Add | | | | | |
| Remove 3) Change Add Remove | | | - | | |
| 4) Change Add | | | - | | |
| Remove 5) Change Add | | | - | | |
| Remove | | | - | | |
| 6) Change Add | | | <u> </u> | | |
| E. If amending or addin | g additional Art | icles, enter change | <u>-</u> <u>(s) herc</u> : | | |
| (attach additional shee | is, if necessary). | (Be specific) | | | |
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| date this document was signed. | 09/03/2029, if other than the |
| Effective date if applicable: 09/03/20 | 2 Y nys after amendment file date) |
| (no more than 90 de | tys after amendment file date) |
| Note: If the date inserted in this block does not meet the applied document's effective date on the Department of State's record | cable statutory filing requirements, this date will not be listed as the s. |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the members and was/were sufficient for approval. | d the number of votes cast for the amendment(s) |

| Ø | 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 09-03-2024 |
| | Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| | JAIRO J RAMOS GOMEZ |
| | (Typed or printed name of person signing) |
| | |
| | President |
| | (Title of person signing) |