

PD7000068888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

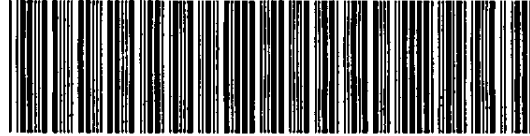
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 MAY 12 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 13 2016

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 11, 2016

MITCHELL A SILVER  
2648 WILSON STREET  
HOLLYWOOD, FL 33020-1953

SUBJECT: SOCCERTOTS BROWARD, INC.  
Ref. Number: P07000068888

We have received your document for SOCCERTOTS BROWARD, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P16000004320.

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) 245-6050.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 316A00005079

## **Carrothers, Cathy A.**

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**From:** Mitchell Silver <freddafl@aol.com>  
**Sent:** Thursday, May 12, 2016 6:11 PM  
**To:** Carrothers, Cathy A.  
**Subject:** Re: contact info

Dear Cathy Carrothers  
FL Department of State  
Division of Corporations may 12, 2016

My client Daniel Gray, authorized me to close the Entity Lil Stars Sports, Inc on March 25, 2016. We promise it is closed permanently, we will not change our minds in the 120 day period.

Please allow us (Same Owner) to change the name of Soccertots Broward, inc. as we are requesting, to Lil Stars Sports, Inc.

Thank you,

Mitchell A. Silver,  
authorized person 5/12/16

cell: 954-914-8084

-----Original Message-----

From: Carrothers, Cathy A. <Cathy.Carrothers@DOS.MyFlorida.com>  
To: 'FREDDAFL@AOL.COM' <FREDDAFL@AOL.COM>  
Sent: Thu, May 12, 2016 3:28 pm  
Subject: contact info

Cathy Carrothers  
Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL. 32301  
850-245-6867  
[Cathy.Carrothers@DOS.MyFlorida.com](mailto:Cathy.Carrothers@DOS.MyFlorida.com)

The Department of State is committed to excellence. Please take our <a href="#">Customer Satisfaction Survey</a> .
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In Summer 2016, Sunbiz.org is getting a facelift! The Florida Division of Corporations will be launching a new and improved website this summer. There will be no major changes until after the 2016 annual report filing season ends on May 1. See the announcement on at [www.sunbiz.org/coming-soon/](http://www.sunbiz.org/coming-soon/) for more information.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** SOCCERTOTSBROWARD,INC

**DOCUMENT NUMBER:** P07000068888

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MITCHELL A SILVER

Name of Contact Person

MITCHELL A SILVER & CO

Firm/ Company

2648 WILSON STREET

Address

HOLLYWOOD, FL 33020-1953

City/ State and Zip Code

FREDDAFL@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MITCHELL A SILVER

Name of Contact Person

at ( 954 )

914-8084

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

SOCCERTOTS BROWARD, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000068888

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

LIL STARS SPORTS, INC

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

2648 WILSON STREET

HOLLYWOOD, FL 33020-1953

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. BOX 223592

HOLLYWOOD, FL 33020-1953

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 MAY 12 PM 3:12

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**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent DANIEL J GRAY

2648 WILSON STREET

(Florida street address)

New Registered Office Address: HOLLYWOOD, Florida 33020-1953  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Daniel J Gray 3/4/2016  
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)*

*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                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

[illegible]

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 3/4/2016

Signature

Daniel J. Gray  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Daniel J. Gray

(Typed or printed name of person signing)

President

(Title of person signing)