LO 5000106764

(Requestor's Name)				
(Address)	_			
(Address)	-			
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
	_			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:				





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SEGRETARY OF STATE
TALLARIAS SELL FRANK

S. HAWKES
FEB 1 3 2009
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 12, 2008

GLAUCO NASCIMENTO 1927 REED HILL DR. WINDERMERE, FL 34786

SUBJECT: MATCH POINT TENNIS LLC

Ref. Number: L05000106764

We have received your document for MATCH POINT TENNIS LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 108A00056941

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COVER LETTER

Division of Cor	porations			
SUBJECT: WA	atch Point Te	innis LLC		
	(Name of Limi	ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Glauco	Nascimento		
		NasamenTo (Name of Person)	······································	
	motch	Point Tennis LL	<i>C</i> _	
	• /// / / - !	Point Tennis LL (Firm/Company)	· ·····	
		1 1118		
	1927 Rel	A /+i/ >n (Address)		
		(-1-1-1-2)		
	Winde ame	(City/State and Zip Code)		
		(City/State and Zip Code)		
For further information of	oncerning this matter, please ca	all:		
Coloura	their to	321. 299650	24	
(Name of Person) at (321) 2996504 (Area Code & Daytime Telephone Number)				
,				
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &	
	Certificate of Status	(additional copy is enclosed)	Certified Copy	
			(additional copy is enclosed)	

TO:

Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

match Pois	it Tennis CLC	-
(Name of the Limited Lia (A Flo	bility Company as it now appears or ida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabil	lity Company were filed on	1,"7,2005 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the		
Clause Nosumento The new name must be distinguishable and end with the	Tennis Acader	ny LLC
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	E:	······································
(Principal office address MUST BE A STREET A	DDRESS)	508
		F.C. 111
		6
Enter new mailing address, if applicable:		752 N
(Mailing address MAY BE A POST OFFICE BO)	<u>x)</u>	F 15

		28
B. If amending the registered agent and/or r registered agent and/or the new registered office		records, enter the name of the nev
Name of New Registered Agent:	Glama Nosin	unTo
New Registered Office Address:		
	(Ente	r Florida street address)
_		, Florida
	(City)	(Zip Code)

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

· If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title Address Type of Action** Name | MGRM Vimarie Gonzalez Add Remove 🗖 Add ☐ Remove Dix [Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 02/03/09 Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00