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COVÉR LETTER

	egistration Sec vision of Corp			
SHD IEZT	TENNIS BU		٠ نو	
SUBJECT	:	Name of Lim	nited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please retur	m all correspor	ndence concerning this matter	to the following:	
		CHRISTOPHER PEREZ-	GURRI, ESQ.	
		· · · · · · ·	Name of Person	·
		GPG LAW		
			Firm/Company	
	1326 SE 3RD AVENUE			
- F			Address	
		FORT LAUDERDALE, F	L 33316	
			City/State and Zip Code	
		jeanine@gpglawfirm.com		
For further	information co	n-mail address; (to be used for future annual report not all:	(Heation)
Christophe	r Perez-Gurri		954 533-5530	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	a check for the	tollowing amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TENNIS BUMS, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our recor- Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability C	ompany were tiled on 5/8/08	and assigned
Florida document number 1.08000046498	 '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLG	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-9
		· · · ·
		¥: -
B. If amending the registered agent and/or registered agent and/or the new registered office additionally.	tered office address on our record	s, enter the name of the ne
registered agent and/or the new registered office addi	ess here.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	XX
	FI	orida
	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 605, 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	REED DEMOS	500 N. CONGRESS AVENUE	
		A2	■ Remove
		DELRAY BEACH, FL 33445	Change
P15			Add
			□ Remove
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Note:	tive date, if other than the date of filing:
the red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	December 6 . 2017
	Signature of a member or authorized representative of a member
	Christopher Perez-Gurri

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00