

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

; RICHARD P. PETERMANN Account Name

Account Number : 119990000049 Phone : (850)243-8194 Fax Number : (850)243-9692

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MAGGIE'S TENNIS COURTS, LLC

| Certificate of Status | 0 |
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EXAMINER

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| ARTICLES OF AMENDMENT | - | | 80 | |
| TO | • | ₽ E | ထ | |
| ARTICLES OF ORGANIZATION | ٠ | ≱器 | MAY | |
| OF | , | RETARY | _ | 1 |
| | | SE ^{RY} | 5 | |
| MAGGIE'S TENNIS COURTS, LLC | | 유 | - | Ш |
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | | 15. | 3 | C |
| (| | ORIDA | Ģ | |
| The Articles of Organization for this Limited Liability Company were filed on May 15, 2008 | | _ and ass | iggers d | |
| Florida document number L08000048885 | | _ | | |
| | | | | |
| | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liability company here: | | | | |
| | | | | |
| MAGGIE'S TENNIS CENTER, LLC | 47 T 4 | | | |
| The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." | ı "LLL | or the | abbtév: | ation |
| | | | | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | |
| | | | | |
| | ~~~ | | | _ |
| Enter new mailing address, if applicable: | | | | |
| | | | | — |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | _ |
| | | | | |
| | | | | |
| B. If amending the registered agent and/or registered office address on our records, ente | r the | name c | f the | new |
| registered agent and/or the new registered office address here: | | | | |
| | | | | |
| Name of New Registered Agent: | | | | _ |
| New Registered Office Address: | | | | |
| (Enter Florida street | addre | 25.5) | | _ |
| <u> </u> | | - | | |
| | | (Zip Cod | la) | |
| · · · · · · · · · · · · · · · · · · · | | (ZIP COC | (C) | |
| New Registered Agont'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 Changing Registered Agent, Signature of New Registered Agent)

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| If amendi: or Managi | ug the Managers or Man lug Member being added | nuging Members on our records, enter the title, <u>name, and or removed from our records</u> : | d address of each Manager |
| MGR = M | lanager | igi isingved ii om uni i scot da. | |
| | Managing Member | | |
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| | Sign | mature of a member of authorized representative of a member | |
| | <u> </u> | Richard P. Petermann | |
| | | Typed or printed name of signee | – |
| | | Page 2 of 2 Filing Fee: \$25.00 | H08000131708 3 |
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