

**L08000113679**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

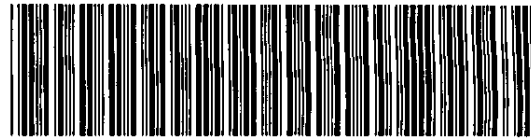
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Special Instructions to Filing Officer:

*CORRECTION TO DOC PER  
CONVERSATION WITH  
JOHAN KRIEK 11/9/2016*

Office Use Only



**900290835669**

11/07/16--01016--030 \*\*25.00

**FILED**

**2016 NOV - 7 PM 3:38**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**K. SALY**

**NOV - 8 2016**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JOHAN KRIEK TENNIS LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MR. JOHAN KRIEK  
Name of Person

JOHAN KRIEK TENNIS LLC  
Firm/Company

6231 PGA BLVD. SUITE 104-311 ~~PALM BEACH GARDENS~~  
Address

PALM BEACH GARDENS FLORIDA 33418  
City/State and Zip Code

JOHAN@JOHANKRIEK TENNIS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHAN KRIEK at (941) 914-6053  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

TO  
ARTICLES OF ORGANIZATION  
OF

JOHAN KRIEK TENNIS LLC.  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/12/2008 and assigned  
Florida document number L08000113679.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

6231 PGA BLVD.  
SUITE 104-311  
PALM BEACH GARDENS, FL. 33418

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

6231 PGA BLVD. SUITE 104-311  
PALM BEACH GARDENS  
FLORIDA 33418

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

6231 PGA BLVD, SUITE 104-311

Enter Florida street address

PALM BEACH GARDENS, Florida 33418

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>JOHAN KRIEK</u>	<u>6231 PGA BLVD</u>	<input type="checkbox"/> Add
		<u>SUITE 104-311</u>	<input type="checkbox"/> Remove
		<u>PALM BEACH GARDENS FL</u>	<input checked="" type="checkbox"/> Change
		<u>33418</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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E. Effective date, if other than the date of filing: N/A (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 11/04/2016, \_\_\_\_\_.

Johan Kriek  
Signature of a member or authorized representative of a member

JOHAN KRIEK  
Typed or printed name of signee