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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| TO:             | Registration Se<br>Division of Cor                                                  |                                              |                                                                                                                 |                                                                                        |  |
|-----------------|-------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| SUBJEC          |                                                                                     | nnis, LLC dba Central Flo                    | orida Tennis                                                                                                    |                                                                                        |  |
| SOBJEC          | ~1                                                                                  | Name of Lim                                  | ited Liability Company                                                                                          | <del></del>                                                                            |  |
| The encl        | osed Articles of                                                                    | Amendment and fee(s) are sub                 | mitted for filing.                                                                                              |                                                                                        |  |
|                 |                                                                                     | ondence concerning this matter               | •                                                                                                               |                                                                                        |  |
|                 |                                                                                     | Matthew J. Steverson                         |                                                                                                                 |                                                                                        |  |
|                 |                                                                                     | , , , , , , , , , , , , , , , , , , ,        | Name of Person                                                                                                  |                                                                                        |  |
|                 |                                                                                     |                                              |                                                                                                                 |                                                                                        |  |
|                 | 510Douglas AVE #1013                                                                |                                              |                                                                                                                 |                                                                                        |  |
|                 |                                                                                     | Altamonte Springs, FL 32                     | Address 714                                                                                                     |                                                                                        |  |
|                 | Altamonte Springs, FL 32714  City/State and Zip Code  info@mattstennis.com          |                                              |                                                                                                                 |                                                                                        |  |
|                 |                                                                                     | <del>-</del>                                 | to be used for future annual report notification)                                                               | <del></del>                                                                            |  |
| For furth       | er information c                                                                    | oncerning this matter, please c              | all:                                                                                                            |                                                                                        |  |
| Matt Ste        | verson                                                                              |                                              | 407 701-9351<br>at ( )                                                                                          |                                                                                        |  |
|                 | Name o                                                                              | f Person                                     | Area Code Daytime Telephone                                                                                     | Number                                                                                 |  |
| Enclosed        | is a check for th                                                                   | ne following amount:                         |                                                                                                                 |                                                                                        |  |
| □ <b>\$</b> 25. | 00 Filing Fee                                                                       | ■ \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed)                                                                    | 60.00 Filing Fee, Certificate of Status & Certificate Copy Additional copy is enclosed |  |
|                 | Mailing Addres<br>Registration S<br>Division of C<br>P.O. Box 632<br>Tallahassee, I | Section<br>orporations<br>7                  | Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S | ee                                                                                     |  |
|                 |                                                                                     | . 2 32311                                    | Tallahassee, FL 32303                                                                                           | June 010                                                                               |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Matt's Tennis, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/16/2010 and assigned Florida document number L10000128689 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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, 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: Enter Florida street address , Florida City

## 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, enter the title, name, and address of each person being added or removed from our records:

| MGR =  | Manager    |        |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | Name | Address  | Type of Action |
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| Tective date, if other than t           | 5/15/2024<br>e date of filing:                                                                                      | (optional)                                        |
| in effective date is listed, the date n | ust be specific and cannot be prior to date of filing or mon<br>block does not meet the applicable statutory filing | e than 90 days after filing.) Pursuant to 605.020 |
| cument's effective date on the          |                                                                                                                     | requirements, this date will not be fisted a      |
|                                         |                                                                                                                     |                                                   |
|                                         | ive date, but not an effective time, at 12:01 a.m. on                                                               | the earlier of: (b) The 90th day after the        |
| is filed.                               |                                                                                                                     | C 23                                              |
| 14 May                                  | 2024                                                                                                                |                                                   |
| ated                                    |                                                                                                                     | :                                                 |
| <u></u>                                 |                                                                                                                     | . ,                                               |
|                                         | Signature of a member or authorized representative of                                                               | Camember 7                                        |
|                                         | Signature of a member of authorized representative of                                                               | i a member                                        |

Filing Fee: \$25.00