## L11060119520

(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone #)	<del></del>
PICK-UP WAIT	MAIL
(Business Entity Name)	
, , ,	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	
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**EXAMINER** 



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## **COVER LETTER**

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT:	United States Senio	or Tennis Associati	on, LLC
	Name of Limi	ted Liability Company	
			.*
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	12 APR
Please return all corresp	ondence concerning this matter	to the following:	70
			غ
		Don Allison	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
		Gillespie & Allison	
		Firm/Company	
	7601	North Federal Hwy., 1	65A
•		Address	
		loca Raton, FL 33487	
		City/State and Zip Code	
	dor	n@gillespieallison.cor	n
	E-mail address: (	to be used for future annual repo	ort notification)
For further information	concerning this matter, please c	call:	
J	Don Allison	at ( 561 )	368-5758
Name	of Person	Area Code &	Daytime Telephone Number
	•		
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	
	,		(additional copy is enclosed)
	LING ADDRESS:		COURIER ADDRESS:
Divisi	tration Section on of Corporations 30x 6327	Registration Division of Clifton Bui	Corporations

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

United States Se	nior Tennis Assoc	lation, LLC	
( <u>Name of the Limited Liabilit</u> (A Florida	<u>y Company as it now арр</u> Limited Liability Company	ars on our records.	
The Articles of Organization for this Limited Liability (	•		Significant Con-
Florida document numberL11000119520	•	-	S CO
This amendment is submitted to amend the following:			ON 18 28
A. If amending name, enter the new name of the lin	nited liability company h	<u>ere</u> :	~% §
United States Se	enior Tennis Federati	on, LLC	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Com	pany," the designation "LLC" or the	abbreviation
Enter new principal offices address, if applicable:	<del> </del>		·
(Principal office address MUST BE A STREET ADD	RESS)		
			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		, .,	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the name	of the nev
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street address	
		, Florida	
	City	Zip Co	de

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 Changing Registered Agent, Signature of New Registered Agent

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 Name <u>Address</u> Type of Action □ Add Remove ☐ Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 6 2012 Dated Signature of a member or authorized representative of a member Mitchel Meyer
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00