To:



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010990062 Fhone : (323) 962-8600

: (323)962-3869 Fax Number

**Enter the email address for this business entity to be used for the annual report mailings. Enter only one email address please 🗱

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NAPLES TENNIS ACADEMY, LLC

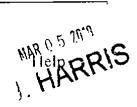
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TO:

Registration Section

COVER LETTER

Div	ision of Corpo	rations			
SUBJECT:	NAPLES TE	ENNIS ACADEMY, LLC		adang ya n	
SUBIFACII		Name of Limite	d Liability Company	رناب .	
				<u></u>	
				•	
The enclosed	l Articles of Ar	nendment and fee(s) are submi	tted for filing.	1.	
Please return	alf correspond	ence concerning this matter to	the following:		
		Cheyenne Moseley			
			Name of Person		
		Legalzoom.com, Inc.			
			Firm/Company		
		101 N. Brand Blvd., 11th I	Floor		
			Address		
		Glendale, CA 91203			
			City/State and Zip Co	de	
		gsweetmatch@yahoo.com			
		E-mail address: (to	he used for future ann	ual report notification	on)
For further in	nformation con	cerning this matter, please call	. ceffic		
Cheyenne l	Moseley		at ()	773-0888 ext. 9	
	Name of P	етяол	Area Code	Daytime Tele	ephone Number
Enclosed is a	a check for the	following amount:			
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing For Certified Copy (additional copy is	·	☐ \$60.00 Filing Fee. Certificate of S(atus & 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 Tullahassee, FL 32301

. . . .

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAPLES TENNIS ACADEMY, LLC			_	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	records.)		
The Articles of Organization for this Limited Liability Company v	were filed on 03/14/201	2 and	l assig	ned
Florida document number L12000036146				
This amendment is submitted to amend the following:				
L. If amending name, enter the new name of the limited liabil	ity company here:	•		
		1	2	
he new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designati	on "LLC" or the atibitevilati	on ETL .L	۰C.''
Enter new principal offices address, if applicable:			_H)> _ == 11	<u> </u>
Principal office uddress MUST BE A STREET ADDRESS)		(A) 10.	ı	,gabers
Trucque office address (1001 BE A BIRDEL ABBROAR)		1512		e nter(
		1		
			ត្ត	nerois s
Enter new mailing address, if applicable:	1	75 c3		
Mailing address MAY BE A POST OFFICE BOX)				
3. If amending the registered agent and/or registered off registered agent and/or the new registered office address here. Name of New Registered Agent:	ice address on our r	ecords, <u>enter the pa</u>	me_of	the n
New Registered Office Address:	Enter Florida strev			
	Enter Parida street	CULUESS		
		, Florida	2	
	Cily	<i>Σι</i> ρ	.OCR	
New Registered Agent's Signature, if changing Registered Agent:	ary the			
hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as propering filed to merely reflect a change in the registered office of the company has been notified in writing of this change.	performance of my dui rovided for in Chapter	ies, and I am familia · 605, F.S. Or, if this c	r with docum	ana ient is
	ging Registered Agent, Sig	nature of New Registered	Agent	

Page 1 of 3

□ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Jason Thomas	764 Vanderbilt Beach Road	Ø Add
		Naples, FL 34100	☐ Remove
			☐ Remove
			Remove
		5	Add 2018 Hamon Remon R
			AH OAdds
			Ci Add

Ţ.

If amending any other information, enter change(s)	bere: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of recei	(optional)
(The effective date must be specific, cannot be prior to date of receive date this document is filed by the Florida Department of State)	pt or filed date and cannot be more than 90 days after)
Dated 2/28/2018 ,	
17. 1	er
Signature of a member of	authorized representative of a member
<u> </u>	Gary Sweet
Typed or	r printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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