Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DESPACHANTE BRASILEIRO

Account Number : I20020000075 Phone

Fax Number : (954)786-8250

; (954)786-7180

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

Em =	÷	٦	Address

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TENNIS SUPPLIES PRO LLC

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11/11/2015

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COVER LETTER

TO: Registration S Division of Co.			
	SUPPLIES PRO LLC / COURT	SURFACES PRO, LLC.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Juliana Aquilino		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Despachante Brasileiro		
		Firm/Company	
	3961 N Federal Hwy		
		Address	
	Pompano Beach, FL 3306	4	
		City/State and Zip Code	
	WERLEYLEITE@HOTM	AIL.COM to be used for future annual report to	otification
For further information	concerning this matter, please c		
JULIANA AQUILINO		954 786-7180	
	of Person	at ()	time Telephone Number
•			•
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COU Registration Set Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle

PAGE 03/06

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TENNIS SUPPLIES PRO LLC		
(Name of the Limited Limbility Compo (A Florida Limited	any as it now appears on our reco Liability Company)	rds)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L12000100282}{L12000100282}$.	were filed on 08/03/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
COURT SURFACES PRO, LLC.	•	
The new name must be distinguishable and contain the words "Limited Liab:	llity Company," the designation "Li	
Enter new principal offices address, if applicable:	•	120° 20° 20° 20° 20° 20° 20° 20° 20° 20°
(Principal office address MUST BE A STREET ADDRESS)		50.5
Trucipa Office paress Mest be ASTREEX APPRESS		775
		55 N
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		an a free
	<u>, </u>	57. 2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
TO VILLED SILVE I SALESS.	Enter Florida street addi	ress
·		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, provided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

AMBR = A	Authorized Member		
<u>Title</u>	<u> Nаше</u>	Address	Type of Action
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			□ Remove
			□ Change
			□ Add
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			D Add
			□ Remove
			□ Change

Page 2 of 3

MGR = Manager

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