

L13000047353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

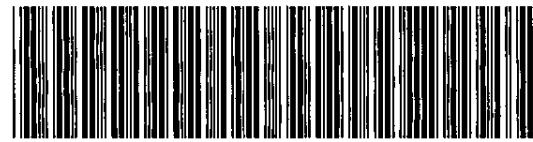
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FLORIDA STATE
ATTACHMENT
TALLAHASSEE, FLORIDA

FILED

SEARCHED DECEMBER 16 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Di Lian 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:

Winston Crawford
Name of Person

Di Lian Tennis, LLC
Firm/Company

4909 NW 44th Ter
Address

Tamarac, FL 33319
City/State and Zip Code

win43@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Winston Crawford at 404-353-1925
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Di Lian 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 4/1/2013 and assigned Florida document number L 13 000047353

This amendment is submitted to amend the following:

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

Dai Lian Tennis, Inc

The new name must be distinguishable and end with 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)

44909 NW 444th, Tex
TAMARIND, PC 33319

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGRM WINSTON CRAWFORD 4909 NW 44TH TER Add
TAMPA, FL 33319 Remove

MGRM SAMANTHA CRAWFORD 4909 NW 44TH TER Add
TAMPA, FL 33319 Remove

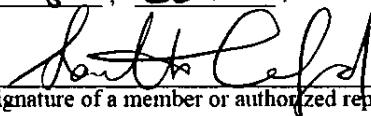
3
DE Add
1 Remove
PH Add
 Remove

Add
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Add
 Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated December 8, 2013



Signature of a member or authorized representative of a member

SAMANTHA CRAWFORD

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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FLORIDA STATE
TALLAHASSEE, FLORIDA
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