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(City/State/Zip/Phone #)				
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SECRETARY OF STATE
VALLAHASSEE, FI ORION

Office Use Only



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cunliff 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:
Tan Cunliff Name of Person
Cunliff Tennis, LLC
3800 NE 50th Terrace
Gladistone, MD 64119 City/State and Zip Code
brandupine lennis @ amail. com E-pail address: (to be used for future appual report notification)
For further information concerning this matter, please call:
Tan Cunliff at (816) 785-1048 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fec Solution Status Solution Sta

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

Cunliff -	Tennis, L.L.C.				
(Name of the Limited Liabilit	ty Company as it now appears on our records.) Limited Liability Company)				
The Articles of Organization for this Limited Liability C Florida document number <u>LI4000003136</u>	Company were filed on $\frac{1/7/14}{}$	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ited liability company here:				
The new name must be distinguishable and end with the words "Lin	mited Liability Company," the designation "LLC"	or the appreciation L.L.C."			
Enter new principal offices address, if applicable:		AR A			
(Principal office address MUST BE A STREET ADDR	RESS)	30 AR) AR)			
Enter new mailing address, if applicable:		AMIO: 29 E. FLORIDA			
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the new			
Name of New Registered Agent:		.			
New Registered Office Address:	Enter Florida street address				
	, Florida				
	City	Zip Code			

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 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 = Manager

AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGR	Stephanie Cunliff	3800 NE 57th Terrace	Add			
	·	Gladstone, MO 64119	Remove			
•			□ Add			
			LEDAN S LUAHAS			
			SEE OF			
			1 EJAN 30 AN O: 20 SEURETARY OF STATE			
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			□ Remove			
			Remove			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	·.)		
E. Effective date, if other than the date of filing:			
Dated January 23 . 2014.			
Signature of a member or authorized representative of a member Tan Cunliff		_	
Typed or printed name of signee	SECRI TALLAI	14 JA	
	ETARY OF S HASSEE, FL	JAN 30 AM K	
	TATE ORIDA	AM 10: 29	O

Page 3 of 3

Filing Fee: \$25.00