## NH000036402

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## CORPORATE ACCESS, \_

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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

(CORPORATE NAME AND DOCUMENT #)		CERTIFIED COPY		
** FILING AMENDMENT  FRANPE, LLC  (CORPORATE NAME AND DOCUMENT #)  (CORPORATE NAME AND DOCUMENT #)	xx	РНОТОСОРУ		
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	PECIA NSTRII	CTIONS:		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRANPE, LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/04/2014	and assigned
Florida document number L14000036402	<b>_·</b>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	
		201
		9
Enter new mailing address, if applicable:		
	<del>-</del>	
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
		00
D. To		-
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		nter the name of the new
registered agent and or the new registered office addr	ess nere.	
N 6N 5		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Florid	9
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	JOSE A. MARAZITA ESPINAR	c/o 301 W. Hallandale Beach Blvd Hallandale Beach, Florida 33009	Add
			■ Remove
			□ Change
MGR	JIMENEZ	c/o 301 W. Hallandale Beach Blvd Hallandale Beach, Florida 33009	Add
			■ Remove
			Change
MGR	Tennis Management LLC, a Delaware company	c/o 301 W. Hallandale Beach Blvd Hallandale Beach, Florida 33009	■ Ædd
			CS CS CRemove
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effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be price.  If the date inserted in this block does not meet the appliment's effective date on the Department of State's record	or to date of filing or more than 90 days after filing.) Pursuant to icable statutory filing requirements, this date will not be	605. : liste
ecord specifies a delayed effective date, but n e 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the ea	arlie
SEPTEMBER 23 , 2019)		
lastin	(llan)	
- perce	norized representative of a member	_

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Filing Fee: \$25.00