

L 15 0000 43748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

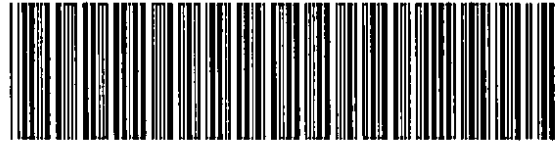
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
ALABAMA, FLORIDA

2019 APR 17 PM 5:14

APPROVED
AND
FILED

T.S.
5/17/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2019

KARIN DECOSTE
2393 NW BRITT ROAD
STUART, FL 34994

SUBJECT: TREASURE COAST TENNIS, LLC
Ref. Number: L15000043748

We have received your document for TREASURE COAST TENNIS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 419A00007241

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TREASURE COAST TENNIS, LLC
L15000043748

RECEIVED

APR 17 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Name Change for Treasure Coast Tennis
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:

Karin DeCoste

Name of Person

Martin County Tennis / Treasure Coast Tennis

Firm/Company

2393 NW BRitt Road

Address

Stuart, FL 34994

City/State and Zip Code

karindecoste@gmail.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
1001 PENNSYLVANIA AVENUE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Karin decoste at (772) 485-0222
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee
☒ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & 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
Tallahassee, FL 32301

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

Treasure Coast Tennis

(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 03/10/2015 and assigned
Florida document number 47-3365179.

This amendment is submitted to amend the following:

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

Martin County Tennis, LLC

The new name must be distinguishable and contain 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

1898 NW Azalea Street

Stuart, FL 34994

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

same as current

2393 NW Britt Road

Stuart, FL 34994

**. 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:

Karin Deloste

New Registered Office Address:

1898 NW Azalea Street

Enter Florida street address

Stuart

Florida

34994

City

Zip Code

With 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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CLERK OF SUPERIOR COURT
JULIA M. BROWN

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

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AND
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2019 APR 17 PM 5:14

SECRETARY OF STATE
101 JEFFERSON ST.
DOVER, DE 19901

Effective date, if other than the date of filing: _____ (optional)

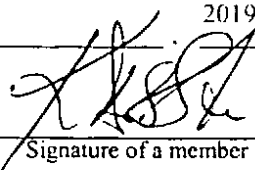
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

) The 90th day after the record is filed.

Dated March 28th 2019



Signature of a member or authorized representative of a member

Karin DeCoste

Typed or printed name of signee