# L 15000063000

(Re	equestor's Name)	
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2016 JAN 19 PH 5: 22
SEURE JARY OF STATE
TALL ANASSEE, FLORIDA

K. SALY EXAMINER

JAN 22

# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: VAN	TAGE TENDIS Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	6a	bricla Paz Name of Person	<u>.</u>
	VAN	TAGE TENNIS	
	3841 NE 170	OST NORTH MIAN	ni beach.
4	Gabs PAZ916 E-mail address: (1	each, Fl 33160 City/State and Zip Code Ogmail.com to be used for future annual report notifie	Cation)
For further information co	ncerning this matter, please ca		
Gabriela Po	Q. 2 Person	at ( <u>786</u> ) <u>351 - 7</u> Area Code Daytime	7/8/ Telephone Number
Enclosed is a check for the	e 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

ARTICLES OF O	RGANIZATION FILE.
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VANTAGE TENNIS L	PRGANIZATION  F  20/6 JAN 19 PM 5: 22  The second of the s
(A Florida Limited Li	iability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>LISOOO 63000</u>	were filed on $04/10/15$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
The new name must be distinguishable and contain the words "Limited Liabilit	ity 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)	N/A
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent:	N/A
New Designation of Office Address.	
New Registered Office Address:	Enter Florida street address
	. Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

MGR == AMBR =	Manager Authorized Member	
<u>Title</u>	Name	Address Type of Action
AMBR_	Franco de Paz Silvia C	3841 NE 170 ST NORTH MIAMI BEACH FL 33160 - Add
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ctive date, if other than	the date of filing:	01/14/	16	(onti	ional)
effective date is listed, the date : If the date inserted in th	e must be specific and c	annot be prior to d	ate of filing or more	than 90 days afte	r filing.) Pursuant to 605.0
ment's effective date on the			statutory minig it	equirements, an	is date will not be listee
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_	ayed effective da	te, but not a	n effective tim	e, at 12:01	a.m. on the earlie
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Page 3 of 3

Filing Fee: \$25.00