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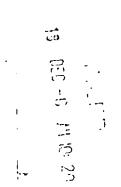
(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	_





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12/06/18--01624--008 **23.00



COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CONCETTA R LUPARD	()	
		Name of Person	
	CONCETTA R LUPARD		
		Firm/Company	
	1751 AVENIDA DEL SO		
		Address	
	BOCA RATON FL 33432		
		City/State and Zip Code	
	CONCETTA@LUPARDO	CPA.COM to be used for future annual report notif	
			canon)
For further information of	concerning this matter, please co	all:	
CONCETTA R LUPAR	1DO	954 692-1350	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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)
31411	INC AMADECE.	STDEET/(/AIIDI)	rd anndrec.

MAILING ADDRESS:

TO: Registration Section

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

FLANAGAN MUTIMER TENNIS ACADI		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our record la Limited Liability Company)	<u>N.</u>)
	c. 5) , 8/10/15	
he Articles of Organization for this Limited Liability (Company were filed on The Company were filed on	and assigned
lorida document number L15000136537		
		20
This amendment is submitted to amend the following:		eri
a. If amending name, enter the new name of the lin	nited liability company here:	, ,
·		1;
FM TENNIS LLC		
he new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1~) .::
Principal office address MUST BE A STREET ADD	DECE)	m)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		
		
3. If amending the registered agent and/or regi registered agent and/or the new registered office add		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	.,\
	T.	orida
	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 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 Type of Action <u>Title</u> Name | <u>Address</u> __□ Add _□ Remove _□ Add _□ Remove _□ Change _r⊡ Add 00 _□ Remove ☐ Ĉhange 20 □ Add ☐ Remove ☐ Change □ Add

Remove
Remove
Change

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		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
		20
-		
effective	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to do	
	e date inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed
	specifies a delayed effective date, but not ar h day after the record is filed.	n effective time, at 12:01 a.m. on the earlier
ed	12/5 2018	,
_	Spanature of a pumber or authorized	representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00