L15 000 146 556

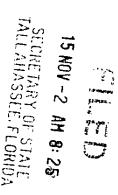
(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	→ #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700278591757

11/02/15--01022--001 **25.00



NOV - 3 2015 J SHIVERS

COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	CATALYST	TENNIS ACADEMY LLC		
SUBJECT:		Name of Limi	ited Liability Company	, , , , , , , , , , , , , , , , , , ,
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Gregory Stein		
			Name of Person	
		Alpha Business & Account	ting Service Inc	
			Firm/Company	
		1852 B 40th Terrace SW		
			Address	
		Naples FL 34116		
			City/State and Zip Code	
		alphaapsinc@gmail.com		, ,
		•	to be used for future annual report notifi	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
Gregory Ste	in		239 455-3047 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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

CATALYST TENNIS ACADEMY LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Co	ompany were filed on 08/26/2015	and assigned
Florida document number L15000146556	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
CHARLES COX LLC		
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	FSS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist	eared office address on our records	antar the name of the no
registered agent and/or the new registered office addr		<i>⊆</i> 0
		15 M
Name of New Project and Ament.		NOV NEED AND
Name of New Registered Agent:		S 20 N Silmiran
New Registered Office Address:		The same
	Enter Florida street address	77 = 17
	, Flor	ida S
	City	C Zip Gode

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

Less amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

$\dot{M}GR = M$ $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□ Change
			□ Add
			🗖 Remove
			Change
			Add
			☐ Remove
			Change
			□ Remove
•			Change
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change

If amending any other information, enter change(s) here: (Attach additional sheets	s, ij 110000000 y.)		
		····	
		· · · · · · · · · · · · · · · · · · ·	_
	······································		
		<u>_</u>	
			_
			_
	<u> </u>		
	 i		_
	TA SE	_ <u>.</u>	
	ARE →	Š Š	_ : : : : :
	ARY ASSE	-2	Maria da California
	1. D	A	577
	OR	5	
Effective date, if other than the date of filing:	_ (optional)>	άū	
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	days after filing.) Purs ents, this date will r	uant to 6 tot be li	05.0207 isted as
he record specifies a delayed effective date, but not an effective time, at 1 The 90th day after the record is filed.	12:01 a.m. on t	he ear	lier of
A-40. 20 200			
Dated Jobber 29 2015			
Dated October 29, 2015.			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00