

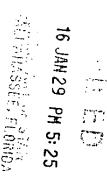
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COVER LETTER

Division of Corp	porations		
SUBJECT:	TENNIS L Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Diagonal 11			
ricase return an correspon	ndence concerning this matter	to the following:	
		ENKIQUEE Name of Person	
	LIVTENN	Firm/Company	
	850 NOK	tle miami k	Al 2208 W
	Miami,	FL 33130 City/State and Zip Code 5@hotmail.	Co
	Journal Me Mou	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
Soime & Name of	Person	at (<u>T&G</u> <u>451-</u> Area Code Daytime	9032 Telephone Number
Enclosed is a check for th	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:

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

(Name of the Limited	Liability Company as it now appears on o	ur records.)
The Articles of Organization for this Limited Lial Florida document number <u> 15000165</u>	·	79 2015 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	ds "Limited Liability Company," the designation	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical (Principal office address MUST BE A STREET		
Trincipal office waitess MOST DL A STREET		
Enter new mailing address, if applicable:		16 JAN
(Mailing address MAY BE A POST OFFICE B	<u> </u>	₹ % % %
B. If amending the registered agent and/or	r registered office address on our	
registered agent and/or the new registered officer		Pecords, enter the hance of the new
Name of New Registered Agent:	Jaime A. Er	reiquie W.
New Registered Office Address:	Enter Florida str	eet address
	- Clar	, Florida
	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

		g Authorized Person(s) authorized to man d from our records:	age, enter the title, name, and address of each p	person being added
		Manager Authorized Member		
<u>Tit</u>		<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00