

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H16000111878 3)))



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To:

Division of Corporations

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From:

Account Name : CARTNER BROCK & SIMON

Account Number: 119990000204 Phone: (904)399-0870

Fax Number : (904)399-1113

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:					
	_	 			 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GABAY HIGH PERFORMANCE TENNIS LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing MankER

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF (((H16000111878 3)))

GABAT RIGH PERFORMA	WCE TENNIS LLC			
(Name of the Limited	Linbility Company as if new appropriate Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liab	ility Company were filed on _	April 4, 2016	and as	signed
Torida document number <u>L16000065396</u>	of the transfer of the state of			
This amendment is submitted to amend the following	ing:			
. If amending name, enter the new name of th	e limited liability company	bere:		
he new name must be distinguishable and contain the word	s "Limited Liability Company," the	designation "LLC" or the	abbreviation 'L	L.C."
Euter new principal offices address, if applicabl	e: 254 Alta M	ar Drive		
Principal office address MUST BE A STREET A	(DDRESS) Ponte Ved	ra Beach, FL 32082		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	254 Alta M	Mar Drive dra Beach, FL 32082	•	
Manual Manual Manual DE A 1 031 OFFICE BU	<u> </u>	art Bodor, P & Onbok	7	>
				•
. If amending the registered agent and/or egistered agent and/or the new registered office		n our records, ente	r the name	
			Y OF	
Name of New Registered Agent:			ල්ගු හ	
New Registered Office Address:	254 Alta N		Air. Riu,	
•	Enter Fl	orida street address	**	
_	Ponte Vedra Beach	, Florida _		
	City		Zin 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 665, 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

(((H16000111878 3)))
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 = Anthorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Elad Gabay	254 Alta Mar Drive	
		Ponte Vedra Beach, FL 32082	Remove
			▼ Chunge
			
			□ Remove
			☐ Change

			Remove
			MARCH LAH, SSEE
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Nective date, if other than the date of filing:	(optional)
an effortive dute is listed, the date must be specific and cannot be prior to date of filing or more than ote: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	90 days after (iling.) Pursuant to 605
e record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	at 12:01 a.m. on the earli
ated	

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