

L16 0000 81250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

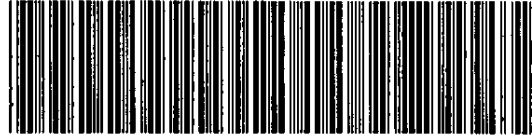
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/03/16--01034--024 **52.50

FILED
16 MAY 20 AM 7:23
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

MAY 23 2016

J SHIVERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2016

GUILLERMO AUBONE
13360 SW 90 TERR UNIT D
MIAMI, FL 33186

SUBJECT: WILLIE AUBONE TENNIS TRAINING LLC
Ref. Number: L16000081250

We have received your document for WILLIE AUBONE TENNIS TRAINING LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 616A00010055

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILLIE AUBONE TENNIS TRAINING LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUILLERMO AUBONE

Name of Person

Firm/Company

13360 SW 90 TERRACE, APT. D

Address

MIAMI, FL 33186

City/State and Zip Code

waubone08@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUILLERMO AUBONE

786

473-4826

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
OF**

WILLIE AUBONE TENNIS TRAINING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/25/2016 and assigned Florida document number L16000081250.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	WILLIE AUBONE	13660 SW 90 TERRACE, APT. D	<input type="checkbox"/> Add
		MIAMI, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GUILLERMO AUBONE	13360 SW 90 TERRACE, APT. D	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

