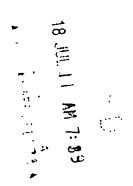
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(Req	uestor's Name)				
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(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL				
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COVER LETTER

Divis	ion of Corp	oorations				
SUBJECT:	US OPE	N Pickleball Academy, LLC				
somer		Name of Lim	ited Liability Company			
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return a	ll correspor	ndence concerning this matter	to the following:			
		James K. Ludwig, Jr.		<u>.</u>		
			Name of Person			
		Pickleball Enterprises, I	LLC Firm/Company			
		8187 Sanctuary Drive, #				
			Address			
		Naples, Fl. 34104	City/State and Zip Code			
		captainjim54@gmail.com E-mail address: (t	n to be used for future annual report notific	cation)		
For further info	ormation co	oncerning this matter, please ca	all:		# 1	
Jim L			at (<u>239</u>) <u>784-2242</u>			
	Name of	Person	Area Code Daytime	Telephone Number	JIJE JI AM	
Enclosed is a c	heck for the	e following amount:			7: 5	!
□ \$25.00 Fili	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate Co Certified Co (additional cop	Fee. of Status &	

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

US OPEN Pickleball Academy, LL. (Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed of	n June 30, 2016 and assigned
lorida document number <u>L16000125107</u> .	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company	ny here:
Pickleball Academy of Southwest Florida, LLC	
he new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Saturation offices address if a liable	
Enter new principal offices address, if applicable:	3
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	190 Caran 3 , mm
	<u></u>
Sanan and an allega and decease of smallers below	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	<i>i</i> *
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: Name of New Registered Agent:	3
New Registered Office Address:	
Ente	er 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>	Address	Type of Action
			
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n effective date is listed, t	ne date must be specif	ic and cannot b			e than 90 days a	fter filing.) Pu		
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record specifies a The 90th day after	delayed effecti	ive date, bu	ut not an e	effective tin	ne, at 12:0:	1 a.m. on	the ea	rlier
The 90th day after	the record is n	ileu.						
ited July 9		201	8 .					
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Page 3 of 3

Filing Fee: \$25.00