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## **COVER LETTER**

10: Registration Section Division of Corporations
SUBJECT: Club Male Company  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:
Larry NVSSD aum Name of Person
Club maleun, uc
782 NW 42nd Ave, Suite#428
Miami, FL 33126  City/State and Zip Code  Larry Nussbaum 1@gmail. Com  E-mail address: (to be used for future annual report polification)
For further information concerning this matter, please call:
Name of Person at (20) 218 - 4988  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee,  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**

Club malecon	LLC
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparing Articles of Organization for the Organiza	any were filed on Oct 5, 206 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability 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	) name
	22 793 Feb.
	See S
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Indiang diaress WAT BEAT OST OFFICE BON	RATE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address is	i office address on our records, <u>enter the name of the new</u> here:
Name of New Registered Agent:	<del> </del>
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Age	•

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

or removed from our records: MGR = Manager AMBR = Authorized Member Title' Name: **Address** Type of Action □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □.Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Filing Fee: \$25.00

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