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TO:

Registration Section

Tallahassee, FL 32314

Divisio	n of Cor	porations			
C - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2		TENNIS LLC			
SUBJECT:		Name of Lin	ited Liability Company		
The enclosed Ar	ticles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all	correspo	ndence concerning this matter	to the following:		
		Paul Segodo			
			Name of Person		
		SEGODO TENNIS LLC			
			Firm/Company		
		405 BEVERLY BLVD			
			Address		
		.BRANDON, FL 33511			
			City/State and Zip Code		
		contact@mytennisgame.net			
			to be used for future annual r	eport notification)	
For further infor	mation co	oncerning this matter, please c	all:		
Paul Segodo			813 300 at ()	-4828	
	Name of	Person	Area Code	Daytime Telephone	Number
Enclosed is a cho	eck for th	e following amount:			
■ \$25.00 Filin	g Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	osed) (60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Address		Street Ad		
_	ration S on of Co	orporations	_	tion Section of Corporations	;
	30x 632	•		tre of Tallahassi	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEGODO TENNIS LLC			
(Name of the Lin	ited Liability Com (A Florida Limite	pany as it now appears on or d Liability Company)	ur records.)
The Articles of Organization for this Limited	Liability Compai	ny were filed on 04/11/20	and assigned
Florida document number L19000100773	··································		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liz	ability company here:	
MY TENNIS GAME LLC			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		867 W. Bloomingdale	Ave #6711Brandon Florida 33508
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		867 W. Bloomingdale	Ave #6711Brandon Florida 33508
(Mailing address MAY BE A POST OFFICE BOX)			AR AR
			#S 9: 0
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office ess here:	e address on our records	enter the name of the new regist
Name of New Registered Agent:			·
New Registered Office Address:	867 W. Bloon	ningdale Ave #6711	
		Enter Florida stre	et address
	Brandon		, 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 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 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>	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
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If an effe <u>Note:</u>	we date, if other than the date of filing:
e record rd is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	<u> 9/23/23</u>
	Signature of a member or authorized representative of a member
	Paul Cond