# 119000 224512

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

то:	Registration Sec Division of Corp			
		ach Volleyball Club LLC		
SUBJEC	CT:	Name of Lim	ited Liability Company	<del></del>
The encl	osed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		Rosemary G Washington		
			Name of Person	
			Firm/Company	
		4760 Via Bari # 5201		
			Address	
		Lake Worth, FL 33463		
			City/State and Zip Code	
		rsmry_washington@yahoo.	•	
		E-mail address: (	to be used for future annual report notifi	ication)
For furth	ner information co	ncerning this matter, please co	all:	Ċ.
Rosema	ry G Washington		561 310-5700 at ( )	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for the	c following amount:		
□ \$25.	00 Filing Fcc	■ \$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

Level 10 Beach Volleybail Club LI			
(Name of the Limit	ted Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L		were filed on 09/04/2019	and assigned
Torida document number L19000224512	·		
his amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
he new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		10466 Boynton Place Cir	
		Boynton Beach, FL 33437	
			<u>-</u>
nter new mailing address, if applicable:		10466 Boynton Place Cir	-
(Mailing address MAY BE A POST OFFICE BOX)		Boynton Beach, FL 33437	. ;
			·
			-
B. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:			ter the name of the
Name Designated ACC and Address	10466 Boynton	Place Cir	
New Registered Office Address:		Enter Florida street address	<del></del>
	Boynton Beach	, Florid	a 33437
		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.

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>	Type of Action
MGR	Washington, Rosemary G	10466 Boynton Place Cir Boynton Beach, FL 33437	Add
		Remove	
			☐ Change
			□ Remove
			☐ Change
			Remove
			Change
			Add
			□ Remove
			Change
		Remove	
		Change	
		Add	
		□ Remove	
			□ Change

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(If an effe Note:	ve date, if other than the date of filing:
b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	November 8th . 2019.  Doct many of Wolfington.  Signature of member or authorized refresentative of a member
	Signature of a member or authorized representative of a member
	Rosemary G Washington

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00