L20000 102033

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COVER LETTER

	egistration Sect livision of Corpo							
SUBJEC	AGILE ATHLETIC COURTS, LLC							
SOBJEC		Name of Lim	ited Liability Compa	ny				
The enclo	sed Articles of Ar	nendment and fee(s) are sub	mitted for filing.					
Please ret	arn all correspond	lence concerning this matter	to the following:					
		JESSICA RUIZMARTINE	EZ					
	Name of Person							
		ROBINSONLAW, P.A.						
			Firm/Compar	ny				
		1501 VENERA AVE SUIT	TE 300					
			Address					
		CORAL GABLES, FL 331	146					
		IECOIC LODD CDV	City/State and Zip	Code				
		JESSICA@RROBINSONL E-mail address: (1	AW.COM to be used for future a	annual report not	(fication)			
For further	information con-	cerning this matter, please ca						
	 RUIZMARTINE	•		CC0 7C10				
JESSICA	Name of P		305 at (_) <u></u> _				
	Name of P	erson	Area Cod	e Daytın	ne Telephone Number			
Enclosed i	II a check for the t	following amount:						
□ \$25,00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional cop	PΣ	Certified	e of Status &		
	ailing Address: egistration Sec	ation.		eet Address:				
	ivision of Cor			gistration Se vision of Co				
	O. Box 6327		Th	e Centre of T	l'allahassee			
Τ	allahassee, FL	32314		l 5 N. Monro Habassee El	e Street, Suite 81	10		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AGILE ATHLETIC COURTS, LLC		
	(Name of the Limited I. (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
1		ity Company were filed on APRIL 13, 2020	and assigned
Florida d	bcument number L20000102033		
This ame	ndment is submitted to amend the followir	ng:	
A. If am	ending name, <u>enter the new name of the</u>	limited liability company here:	
ALL STA	R ATHLETIC COURTS, LLC		
The new n	me must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter ne	w principal offices address, if applicable	::	
1	l office address MUST BE A STREET A		2
			11.00
Enter ne	w mailing address, if applicable:		w
	address MAY BE A POST OFFICE BO	χ)	D. T.
			Fil 12: 11:2
			2.1
B. If am	nding the registered agent and/or regis	tered office address on our records, enter the na	me of the new registere
agent and	/or the new registered office address he	e <u>re</u> :	
	_		
	Name of New Registered Agent:		·
	New Registered Office Address:		
		Enter Florida street address	
	_	, Florida	
		City	Zip Code
New Regid	tered Agent's Signature if changing Design	Annual Amous.	

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 **Title** <u>Name</u> **Address** Type of Action ______ □ Add ______ □Remove _____ □Change _____ □ Remove _____ Change □Add

______ □ Change

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	date, if other than the date of filing: (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	May 28, 2020
	Signature of a member or authorized representative of a member
II II	

Filing Fee: \$25.00