

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H20000280401 3)))

PLEASE PRINT THE FOLLOWING INFORMATION ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT.

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : ALPHA BUSINESS CONSULTING, LLC  
Account Number : I20080000061  
Phone : (407) 582-9830  
Fax Number : (407) 601-6393

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BEACH TENNIS ORLANDO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

11/11/2020

AUG 17 2020

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BEACH TENNIS ORLANDO, LLC**

\_\_\_\_\_  
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:

MARIA PINHEIRO

\_\_\_\_\_  
Name of Person

ALPHA BUSINESS CONSULTING, LLC

\_\_\_\_\_  
Firm/Company

6412 W COLONIAL DR

\_\_\_\_\_  
Address

ORLANDO, FL 32818

\_\_\_\_\_  
City/State and Zip Code

pinheirma@att.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA PINHEIRO

407 582-9830  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Alpha 4076016393 >> 850-617-6381  
**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

BEACH TENNIS ORLANDO, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/24/2020 and assigned  
 Florida document number L20000219931.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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**)

14205 FALLS CHURCH DR # 2006

ORLANDO, FL 32837

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

14205 FALLS CHURCH DR # 2006

ORLANDO, FL 32837

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

14205 FALLS CHURCH DR # 2006

Enter Florida street address

ORLANDO

City

Florida 32837

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 including Authorized Persons, 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>	<u>Type of Action</u>
AMBR	Luciana Galimberti	14205 FALLS CHURCH DR # 2006	<input type="checkbox"/> Add
		ORLANDO, FL 32837	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Thiago Maul Barbosa da Silva	14205 FALLS CHURCH DR # 2006	<input type="checkbox"/> Add
		ORLANDO, FL 32837	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

PLEASE! COULD YOU CORREC THE ADRESS ON THIS COMPANY, ADDING APT. 2006.

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST 04

2020

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

THIAGO MAUL BARBOSA DA SILVA

\_\_\_\_\_  
Typed or printed name of signee