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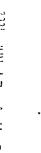
(Requestor's Name)
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COVER LETTER

TO:	Registration Se Division of Cor					
eum iez		ADEL CENTER LLC				
SUBJEC	JI:	Name of Lim	ited Liability Company	·		
The encl	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please re	sturn all correspo	ndence concerning this matter	to the following:			
		CARLOS M BAEZ				
			Name of Person			
			Firm/Company			
		8306 MILLS DRIVE No 3	73			
			Address			
		MIAMI, FLORIDA 33183				
			City/State and Zip Code			
		CMBAEZP@GMAIL.COM				
		E-mail address; (t	o be used for future annual report notifica	tion)		
For furth	er information co	oncerning this matter, please ca	ıll:			<i>(' '</i>
CARLO	S M BAEZ		786 514-4424 at ()		1971 ja	
	Name of	Person	Area Code Daytime To	elephone Number		-
Enclosed	is a check for th	e following amount:				7
■ \$2 5.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing I Certificate of Certified Copy (additional copy)	Fee⊠ Status & y	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORLD PADEL CENTER 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 APRIL 15, 2021 ____ and assigned Florida document number L21000161021 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida ___

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>	Address	Type of Action
AMBR	AUGUSTE E HERNAN MATIAS	10300 NW 10th STREET SUITE 111 DORAL FLRODIA 33172	= Add
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