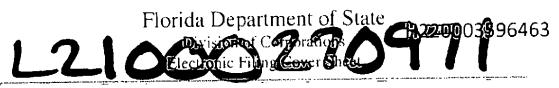
19'10/22, 22.48

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000359646 3)))



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 : SACONSA GROUP LLC

Account Number : I20200000187 Phone : (786)757-2436 Fax Number : (786)513-5977

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

PADEL CENTER LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25,00

<u>.__</u> 982 OC 5.5

Electronic Filing Menu Corporate Filing Menu

Help

OCT 20 2022

K. Brumbley

H220003596463

· H220003596463

COVER LETTER

_
g Fee, of Status & opy by is enclosed)
))

H220003596463

17865135977

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PADEL CENTER LLC		
(Name of the Limited Liabili	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on	and assigned
Florida document number L21000270971	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Liu	nited Liability Company," the designation "ELC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI		
(Principal office address most the A St Kieri Abbi	NEOD)	
n		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. Te. P. D. Ca . L. A. and condition and	at and a Pitting and a large and a control of the c	the name of the name
B. If amending the registered agent and/or registered agent and/or the new registered office add		
		2022 OC SECRE
Name of New Registered Agent:		- 20 80 3
14000 011464 140 P 1544 14 P 1419		78. 2 7. 3
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin Code
Non-Donistand April Constant if the -i Donistan	····•	- T. C.
New Registered Agent's Signature, if changing Registere		
I hereby accept the appointment as registered agent	t and agree to act in this capacity. I further ag	ree 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

H220003596463

__ Remove

_____ Change

From: JESUS LEON

1GR = M $1GR = A$	lanager Authorized Member		· ·
<u>itle</u>	<u>Name</u>	Address	Type of Action
MGRM_	Hernandez Ruth M	11640 NW 67 TERRACE	■ Add
		DORAL, Fl. 33178	☐ Remove
			☐ Change
na alexandrala de publica			□ Add
		<u></u>	□ Rειπονε
			☐ Chunge
		~	
		 	☐ Remove
			□ Change
			
			☐ Remove
			Change
			□ Add
			Remove
			Cl Change
			□ Add

Page: 8 of 8

						
						
						
						
				<u> </u>		
			<u>-</u>			
	•					
		· · · · · · · · · · · · · · · · · · ·				
	 				·	 : ·
					···	
Effective date, if other than the far, effective date is listed, the date mus Note: If the date inserted in this blaceument's effective date on the D	ock does not me	ct the applicab	date of filing or n le statutory filit	ore than 90 days al g requirements,	etional) ler filing.) Pursuar his date will not	rt to 605.020 The listed a
ie record specifies a delayed The 90th day after the rec		te, but not	an effective	time, at 12:0	l a.m. on the	: earlier (
OCTOBER 18		2022	. •			
			α			

Page 3 of 3

Typed or printed name of signer

Filing Fee: \$25.00