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.

(((H21000258450 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 : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (855)330-1010



er 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 PADDLE PROS, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

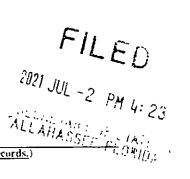
Corporate Filing Menu

Help

R. SALY

JUL - 6 2021

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PADDLE PROS, 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 06/23/2021	and assigned
Florida document number L21000290996		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	in Company "the designation "116	"or the abbreviation "i. I. (' "
	7901 4th St N STE 300	
Enter new principal offices address, if applicable:	7901 4111 St N 51E 300	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 337	02
Enter new mailing address, if applicable:	PO Box 6904	
(Mailing address MAY BE A POST OFFICE BOX)	Brandon FL 33508	
registered agent and/or the new registered office address her  Name of New Registered Agent:	<u>e</u> :	
New Registered Office Address:		<u> </u>
	Enter Florida street addre	155
	F	Enter Florida street address  Florida  Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	ind I am familiar with and , F.S. Or, if this document is
If Cha	nging 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>	Address	Type of Action
AMBR	Chelsie Price	7901 4TH ST N STE 300	☑ Add
		ST. PETERSBURG, FL 33702	☐ Remove
			Change
MGR_	ALEX LEAL	7901 4TH ST N STE 300	
		ST. PETERSBURG, FL 33702	
			Change
			700厘 7
			Remove Changes
			Change C
			GAdd 23
		Remove	
			Change
			□ Remove
			Change
<del></del>			
			□ Remove
			Change

	··				
					<del></del>
		-			
****					
					<del></del>
···					<del></del>
		-	<del>-</del>		
				<del></del>	
	•				
	<del></del> .				
					<del></del>
Fective date, if other the effective date is listed, the ote:  If the date inserted incument's effective date of the date inserted incument's effective date.	date must be specific a in this block does not	nd cannot be prior to d meet the applicable	ate of filing or more tha	(optional) in 90 days after filing.) I pirements, this date w	Pursuant to 605.02 ill not be listed
record specifies a G The 90th day after t	delayed effective the record is filed	date, but not a	n effective time,	at 12:01 a.m. o	n the earlier
07/02		2021			
Rilmy	Park.	a member or authorized	d representative of a r	nember	
•	inguatore or	a member of aumorize			

Page 3 of 3

Filing Fee: \$25.00