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## **COVER LETTER**

TO: Registration S Division of Co	ection rporations				
	RO SHOP LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.			
	ondence concerning this matter				
	Matthew Gordon				
		Name of Person			
•	SRQ Pickleball Partners, L	LC			
		Firm/Company			
	51 Warren St				
		Address			
	Hastings on Hudson, NY	0706			
		City/State and Zip Code	······································		
	matt.gordon@thepickleball	club.us			
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report nall:	ouncation)		
Matthew Gordon		646 402-5000			
Name	of Person	at () Area Code Dayr	ime Telephone Number		
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 of Certified Copy (additional copy is enclosed)		
<u>Mailing Addr</u> Registration		Street Address: Registration 9			
	Corporations	Division of C	Corporations		
P.O. Box 6.	327	The Centre o			
Taliahassee	, FL 52514	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TPCER PRO SHOP 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  $\frac{06/23/2021}{1}$ \_\_\_\_ and assigned Florida document number  $\frac{1.21000291004}{}$ 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) 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 , Florida

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Richard Prpich	19 CRESTVIEW CT	🗆 Add
		SAULT STE. MARIE, ON P6B 6-H7 CA	<b>≡</b> Remove
			□Change
MGR	Michael Prpich	990 B LINE RD	<b>=</b> Add
		RICHARDS LANDING, ON POR 1-J0 CA	□Remove
			Change
			□ Remove
			6
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□Add
		<del></del>	□Remove
			□Change
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locument's effective	e date on the Departm	ent of State's recor	ds.			
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record specifies a d d is filed.	lelayed effective date.	but not an effective	e time, at 12:01 (	i.m. on the eartier of	: (b) The 90th day afte	
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Filing Fee: \$25.00