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.

(((H24000041323 3)))



H240000413233ABCT

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007 Phone : (561)873-5007 Fax Number : (321)473-3052

\*\*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 SOCCER CAGE HALLANDALE LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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## **COVER LETTER**

TO: Registration S Division of Co			
	CAGE HALLANDALE LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JESSICA TORRES		
		Name of Person	
	TAX CARE CELEBRAT	ION	
		Firm/Company	<del></del>
	1400 NW 107TH AVE ST	TE 203	2024 JAH 3 1
		Address	ب معر تغة
	<u>.</u> <u></u>		
	ITCOICA TORRICOTAN	City/State and Zip Code	177
	JESSICA.TORRES@TAX E-mail address: (	to be used for future annual report notification)	 ئ: دې
For further information of	concerning this matter, please c	all:	31
JESSICA TORRES		786 878-0957	
Name o	of Person	Area Code Daytine Telephon	e Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	ee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOCCER CAGE HALLANDALE LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.)  a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L21000327362	Company were filed on 07/16/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
PADEL CAGE LLC		202
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	the abbreviation 11L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
		1,2
		رات ن
Enter new mailing address, if applicable:		<del>ن</del> ن
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	a
	Cin:	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 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	Membe

<u>Title</u>	Name	Address	Type of Action
			□Add
		□Remove	
		******	☐ Change
			□Add
			□ Remove
			□ Change
		☐ Add ☐ Refinove ☐ Change	
			DAdd
			☐Remove
			□Change
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ffective date, if other than the d	ate of filing:	1	(	optional)	
Note: If the date inserted in this bloc	k does not meet the a	ipplicable statutor	ig or more than 50 days y filing requirements	s this date will not	be listed a
locument's effective date on the Dep	artment of State's red	cords.			
record specifies a delayed effective of	iate, but not an effec	tive time, at 12:01	a.m. on the earlier of	of: (b) The 90th da	ay after th
d is filed.					
	2024				
JANUARY 30					
Dated JANUARY 30		•			
	gnature of a member o				

Filing Fee: \$25.00