### Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : R&P ACCOUNTING AND TAXES INC Account Number : I20170000090 Phone : (305)358-1310 Fax Number : (305)503-6701  $\ddot{c}$ \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNSHINE TENNIS LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

JAN 18 2023 A. LUNT

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JAN 17
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S	UNSHINE TENNIS LLC		
(Name of the Lim	ted Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.)	
The Articles of Organization for this Limited L	iability Company were filed or	n 03/25/2022	and assigned
Florida document number L22000146925	·-····································		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability compan	y here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company."	the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	:able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
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Enter new mailing address, if applicable:	المنافقة المساء والمحقود	·	
(Mailing oddress MAY BE A POST OFFICE	<u>BOX</u> )		
B. If amending the registered agent and/or agent and/or the new registered office addre	0	ur records, <u>enter the name</u>	of the new registere
Name of New Registered Agent:	IELYZAVETA DAIUBE		
New Registered Office Address:	445 GRAND BAY DRIVE A	PT 711	
City is agreement of the Changes	Enter	Florida street address	
	KEY BISCAYNE	Florida 3314	19
	Clo		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:

13055036701

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	IELYZAVETA DAIUBE	445 GRAND BAY DRIVE APT 711	□Add
		KEY BISCAYNE, FL 33149	-
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			DAdd
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