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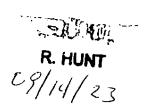
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COVER LETTER

Division of Corpo	orations		
SUBJECT:	MIAMI TO	ABLE TENVIS ted Liability Company	CLUB LLC
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
		Name of Person	
		Firm/Company	
	415	1 SW 141 PL	. C =-
		Address FL City/State and Zip Code	
	E-mail address: (to	o be used for future annual report notifica	tion)
For further information cor	ncerning this matter, please ca	ll:	
Name of F	emo VADEL	at (<u>786)</u> <u>260</u> Area Code Daytime To	
Enclosed is a check for the	following amount:	Check For \$35	. 00 Aldready with you
□ \$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 & Certified Copy (additional copy is enclosed)
Moilina Addraws		Stroot Address	

TG:

Registration Section

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MaiM	i table tennis	, Club	LLC
(Name of the Limited (A	Liability Company as it now appears on ou Florida Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on 3/2	1/2023	_ and assigned
This amendment is submitted to amend the follow	ing;		
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:		
305 TABLE	TEHUIS CLUB L	-L-C	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	on "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	<u> </u>		2003 Sup
Enter new mailing address, if applicable:		<u> </u>	- 12 - 1 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12
(Mailing address MAY BE A POST OFFICE BO	<u></u>		P REC
			P# 12: 40
B. If amending the registered agent and/or regi agent and/or the new registered office address b		, enter the name (of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	et address	
		, Florida	
	City		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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			🗆 Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an effe	tive date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	11/4/2023.
	Signature of a member or authorized representative of a member
	Caville (mo) ADE U Typed or printed name of signee