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(Requ	estor's Name)	
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Certified Copies	Certificate	s of Status
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COVER LETTER

Division of C				
Top Pade SUBJECT:	d, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing		
	pondence concerning this matter	_		
	positive concerning and matter	to the following.		
	Edward A. Storey III			
		Name of Person		
	Storey Law Group, P.A.			
		Firm/Company		- C - E
	221 NE Ivanhoe Blvd. Ste.	300		MO MER 24 SEGNE AND
		Address		2 2
	Orlando, FL 32804			است. مُعَمَّدُ اللهِ
		City/State and Zip Code	_	(1) (i) (ii) (ii) (ii) (ii) (ii) (ii) (i
	hloya@storeylawgroup.com			
For further information	e-mail address: (i i concerning this matter, please ea	to be used for future annual report notifi	ication)	
Hanah Loya	concerning this matter, prease ea			
<u> </u>	of Person	407 488-1225 at ()		
Hank	. Or Person	Area Code Daytime	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)	Certified	te of Status &
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	n Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Top Padel, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on 3/27/2023	and assigned
Florida document number L23000154767		
This amendment is submitted to amend the following:	*	
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3600 Mystic Pointe	
(Principal office address MUST BE A STREET ADDRESS)	Apt. 218	
	Aventura, FL 33180	
Enter new mailing address, if applicable:	3600 Mystic Pointe	
(Mailing address MAY BE A POST OFFICE BOX)	Apt. 218	17 7
	Aventura, FL 33180	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ezz
		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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			S Shange
			☐ Change
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ffective date, if other that an effective date is listed, the da lote: If the date inserted in t	n the date of filing	rannot be prior to c	late of filing or mo	(opt	ional) r filing.) Pursi	rant to 605	.020
ote: If the date inserted in to perment's effective date on	his block does not me the Department of St	eet the applicable ate's records.	e statutory filing	requirements, th	is date will n	ot be liste	ed a
record specifies a delayed ef l is filed.	fective date, but not a	n effective time	, at 12:01 a.m. o	n the earlier of: (b) The 90th	ı day after	гth
April 18		2023					
				•			
				~			

Filing Fee: \$25.00