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## **COVER LETTER**

го:	Registration Section Division of Corporations	,
SUBJE	CT: Bob Cat Tennis Booster Club LLC Name of Limited Liability Company	2023 CCT 1 C
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	ਰੂ  
	Kennedy Cancelado	သ –
	Firm/Company	
	11868 SW 98 Terrace	
	Miami/FL 33186  City/State and Zip Code  Kennedy C tennismaster usa. com  E-mail address: (to be used for future annual report notification)	
For fu	ther information concerning this matter, please call:	
<u></u>	Kennedy Cancelado at (786) 316-3156  Name of Person Area Code Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
□ s:	5,00 Filing Fee Salous Filing Fee Salous Filing Fee Salous Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed)	

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

Bobcat Tenn	is Booster Club	LLC
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L 2 3 000 265 81</u> ,	npany were filed on <u>Ole/01/20</u> 5	223 and assigned
This amendment is submitted to amend the following:		-ro .:
A. If amending name, enter the new name of the limite	ed liability company here:	ω
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	<u> </u>	
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da Zip Code
	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>	<u>Name</u>	Address	Type of Action
Treasurer	Angela Camacho-Costro	17611 SW 8 CH	🗆 Add
	1	Pembroke Pines, FL 33029	Remove
		765-204-2517	□ Change
Treasurer	Fernando Antonio Fernándoz Feliciano	1553 SW 187 Tricace	Add
		Pembroke Pines, FL 33029	□Remove
		954-743-8154	□Change
			□Add
			2021 Remove
			C□Change
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