L23000383267

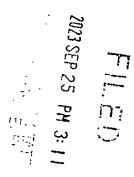
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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COVER LETTER

то:	Registration Sec Division of Corp			
ev:nie		ENNIS ACADEMY LLC		
SUBJE	CT:		ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		EDDISSON A OSORIO		
			Name of Person	
		EDISON TENNIS ACAD	EMY LLC	
			Firm Company	
		1190 RESERVE WAY AF	УГ 307	
			Address	
		NAPLES FL 34105		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notification	1
For furt	her information co	oncerning this matter, please ca	all:	
EDISS	ON A OSORIO		941 203-0575 at ()	
	Name of	f Person	Area Code Daytime Telep	hone Number
Enclose	d is a check for th	ne following amount:		
€ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & E Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporat The Centre of Tallah 2415 N. Monroc Stree Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

EDISON TENNIS ACADEMY LLC

(Name of the Limited Liability Company as it now appears on our records.)

	(24 F formal Efficiency Company)	,	
The Articles of Organization for this Limited Florida document number L23000383267	Liability Company were filed on $\frac{0}{2}$	8/15/2023	_ and assigned
This amendment is submitted to amend the fo	lowing:		
A. If amending name, enter the new name	of the limited liability company l	<u>here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appl	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	<u>-</u>	
		· · · · · · · · · · · · · · · · · · ·	70023 SEP
Enter new mailing address, if applicable:			- G
(Mailing address MAY BE A POST OFFICE	E BOX)	: <u>-</u>	PP III
B. If amending the registered agent and/or agent and/or the new registered office addr		records, enter the name	ယ္ ပဲ ပဲ of the new registe
Name of New Registered Agent:	EDISSON A OSORIO		
New Registered Office Address:	1190 RESERVE WAYAPT 307		
7.5 Regimerou Ottree / Rediess.	Enter F!	orida street address	
	NAPLES	, Florida ³⁴¹⁰	5
	Cin:		Zip Code

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.

ered 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
AMBR	EDISSON A OSORIO	1190 RESERVE WAYAPT 307	□Add
		NAPLES, FL, 34105	□Remove
			≡ Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□ Change

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Filing Fee: \$25.00

Typed or printed name of signee