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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I20040000167 Phone : (305)377-0809 Fax Number : (305)377-0781

Enter the email address for this business entity to be used for future _ annual report mailings. Enter only one email address please.

Email Address: Rmcgann@pbyalaw.com

ASST. C. S. C. F. ORDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TENNIS HOLDINGS, LLC

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10/09/2023 5:46 PM

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



			The Aller of		
Tennis Holdings, LLC			* * P		
(<u>Name of the Limited Liability Compa</u> {A Florida Limited I	ny as it now appears	on our records.)	· · · · · · · · · · · · · · · · · · ·		
(A righta Linnea i	ларику соправу)				
The Articles of Organization for this Limited Liability Company	were filed on	10/03/2023	and assigned		
Florida document number L23000455439					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	signation "LLC" or the	abbreviation "L.IC."		
Enter new principal offices address, if applicable:	1400 NW 13th A	ve,			
(Principal office address MUST BE A STREET ADDRESS)	Pompano Beach, FL 33069				
1277775					
Enter new mailing address, if applicable:	1400 NW 13th A	ve.			
(Mailing address MAY BE A POST OFFICE BOX)	Pompano Beach, FL 33069				
muning man cs. 7011 Day 1 002					
B. If amending the registered agent and/or registered office	address on our re	cords, enter the na	ame of the new registered		
agent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:					
-	Enter Flori	da street address			
		, Florida	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.

From: Raymong McGann

Fax: 19543569393

To

Fax: (850) 617-6383

Page: 3 of 4

10/09/2023 5:46 PM

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			☐ Change
			
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lf an effec <u>Note:</u> li	ve date, if other than the dat ctive date is listed, the date must be If the date inserted in this block nt's effective date on the Depar	specific and canr does not meet	the applicabl	date of filing or e statutory fili	more than 90 days	pptional) after filing.} Pur , this date will	suant to 605,02 not be listed (
e record rd is filed	specifies a delayed effective da d.	te, but not an e	Mective time	, at 12:01 a.m.	on the earlier o	f: (b) The 90	th day after th
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