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COVER LETTER

TO:

TO: Registration S Division of Co			
PADEL SUBJECT:	PARK AVENTURA LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Christian Sanchelima		
	- 11	Name of Person	
	Sanchelima & Associate	s PA	
		Firm/Company	
	235 S.WE. Le Jeune Roa	ad	
	<u></u>	Address	
	Miami, Florida, 33134		
	assist@sanchelima.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Christian Sanchelima		305 447-1617	
Name (of Person	at ()	ne Telephone Number
Enclosed is a check for t	he following amount:		
≇ \$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)
Mailing Addre		Street Address:	
Registration Division of C		Registration Se	ction
P.O. Box 633		Division of Cor The Centre of 1	
Tallahassee.	FL 32314		e Street. Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAPADEL PARK AVENTURA LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	wwere filed on October 05,2023	and assigned
Florida document number 1.23000459575		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
ICON PADEL AVENTURA LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202
Tracipal affect maness most be A STREET ADDRESS;		77
		1 \D
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>ت</u> نان
		50
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new regis
Name of New Registered Agent:		
reame of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Florid	a
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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ffective date, if oth an effective date is liste Note: If the date inse locument's effective of	rted in this block do	ertic and cannot be p es not meet the ap	prior to date of fil plicable statuto	ing or more than 9 ry filing require	(optional)) days after filing.) I ments, this date w	Pursuant to 605,020 ill not be listed as
	layed effective date.	but not an effectiv	ve time, at 12:0	I a.m. on the ear	flier of: (b) The	90th day after the
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Filing Fee: \$25.00