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COVER LETTER

Tallahassee, FL 32314

eun ir c				
SUBJEC	.1;		nited Liability Company	
The enclo	osed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corresp	oondence concerning this matter	to the following:	
		YAROSLAV VOZNENK	0	
	Name of Person IA TENNIS LLC Firm/Company 3800 N FEDERAL HIGHWAY SUITE B200			
		IA TENNIS LLC Firm/Company 3800 N FEDERAL HIGHWAY SUITE B200 Address BOCA RATON, FLORIDA 33431 City/State and Zip Code voznenko89@gmail.com E-mail address: (to be used for future annual report notification) mation concerning this matter. please call: OZNENKO Name of Person T23 8651951 Area Code Daytime Telephone Number		
			Firm/Company	
		3800 N FEDERAL HIGH	WAY SUITE B200	
			Address	
		BOCA RATON, FLORID.	A 33431	
		voznenko89@gmail.com	City/State and Zip Code	
			to be used for future annual report	notification)
For furthe	er information	concerning this matter, please ca	all:	
YAROSI	LAV VOZNEN	NKO		
	Name	of Person		rtime Telephone Number
Enclosed	is a check for	the following amount:		
■ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addre		<u>Street Address</u> Registration	
I	Division of (Corporations	Division of C	Corporations
l	P.O. Box 631	27	The Centre o	l'Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IA TENNIS LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on November 13, 2023	and assigned
lorida document number 1.23000513908		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lial	bility company here:	
A EXCELLENCE LLC		
he 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)		·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		
3. If amending the registered agent and/or registered office	address on our records, enter the na	me of the new registere
gent and/or the new registered office address here:		
Name of New Registered Agent:		
rame of they regimered regim.		
New Registered Office Address:	Enter Florida street address	
	Enter r tortaa street aaaress	
	, Florida _	Zip Code
	City	ZID 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.

Ramending 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
		 	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
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			□Add
			□ Remove

					
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	.				
Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot ock does not meet the	e applicable statu			
e record specifies a delayed effective rd is filed.	date, but not an effo	ective time, at 12	01 a.m. on the earl	ier of: (b) The 90th d	ay after the
Dated February 02	202-	4			
	·	2/2	 ,		
			esentative of a member		

Typed or printed name of signee