

L240000020671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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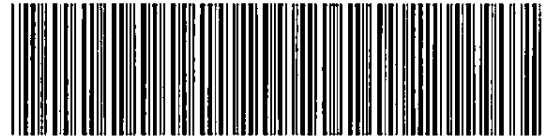
(Business Entity Name)

(Document Number)

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S. PRATHER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PADELISTICA LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FERNANDO AGUERREVERE  
Name of Person

PADELISTICA LLC  
Firm/Company

265 GRAPETREE DR #118  
Address

33149  
City/State and Zip Code

laguerrever@padelistica.com  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

FERNANDO AGUERREVERE at ( 305 ) 302-8411  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

PADELISTICA LLC

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

2024 JAN 09 13

The Articles of Organization for this Limited Liability Company were filed on JAN 09, 2024 and assigned  
Florida document number 124000020671

This amendment is submitted to amend the following:

**.. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)**

265 GRAPETREE DR #118  
KEY BISCAYNE, FL 33149

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

265 GRAPETREE DR #118  
KEY BISCAYNE, FL 33149

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: FERNANDO AGUERREVERE

New Registered Office Address: 265 GRAPETREE DR #118  
KEY BISCAYNE, Florida 33149  
Enter Florida street address  
CityZip 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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	JUAN ANGELI	452 FERNWOOD RD	<input type="checkbox"/> Add
		KEY BISCAYNE, FL. 33149	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NINI BUENO	452 FERNWOOD RD	<input type="checkbox"/> Add
		KEY BISCAYNE, FL. 33149	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Nov. 15, 2024

FERNANDO AGUERREVERE

Typed or printed name of signee