L24000022845

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DATE:

01/26/2024

NAME:

PULSE PADEL HUB LLC

TYPE OF FILING: AMENDMENT

COST: 60.00

RETURN: Copy and good standing please

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Se Division of Cor			
	DEL HUB LLC		
SUBJECT:	Name of Lim	ited Liability Company	· · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Guillermo Roca		
		Name of Person	-÷
	GUILLERMO ROCA PLI	LC	;*
		Firm/Company	
	95 Merrick Way, 3rd Floo	or	M4 9: 42
		Address	सिंह 9
	Coral Gables, Florida 33	134	: 42
	groca@guillermoroca.cor	City/State and Zip Code	
	·	to be used for future annual report notif	ication)
For further information e	oncerning this matter, please ca	all:	
GUILLERMO ROCA		954 3816610	
Name of Person		at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PULSE PADEL CLUB LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number _____L24000022845 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PULSE PADEL HUB LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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) 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: New Registered Office Address: Enter Florida street address

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.

City

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>	Address	Type of Action
			□Add
			□Remove
			Change
			Remove
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record specifies a delayed effective dat Lis filed.	e, but not an c	effective tim	ne, at 12:01	a.m. on the o	earlier of: (h) The 90	th day	after the
January 23	20)24	·					
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Filing Fee: \$25.00