## L24000024873

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| (Booding in Hallison)                   |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

|                           | ICKLEBALL HOLDINGS LL                                 | C   |  |
|---------------------------|---|---|--|
| SUBJECT:                  | Name of Lin   | nited Liability Company   | ···· <u>·</u>  |
| The enclosed Articles of  | Amendment and fee(s) are sub                          | omitted for filing.   |  |
| lease return all corresp  | ondence concerning this matter                        | to the following:   |  |
|                           | STEVE POBORKA   |   |  |
|                           |   | Name of Person  | <u>-</u>   |
|                           | TAMPA PICKLEBALL F                                    | IOLDINGS  |  |
|                           |   | Firm/Company  | <del></del>  |
|                           | 19258 FISHERMANS BE                                   | ND DR   |  |
|                           |   | Address   |  |
|                           | LUTZ FŁ 33558   |   |  |
|                           |   | City/State and Zip Code   |  |
|                           | SKEFLHOLDINGS@GMA                                     |   | <del>, ,</del>   |
| or further information    | E-mail address: (<br>concerning this matter, please c | to be used for future annual report notifiall:                      | ication)   |
| STEVE POBORKA             |   | 813 515-9225<br>at()  |  |
| Name o                    | of Person   |   | : Telephone Number   |
| inclosed is a check for t | he following amount:                                  |   |  |
| ■ S25.00 Filing Fee       | ☐ \$30.00 Filing Fee & Certificate of Status          | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$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**

## TAMPA PICKLEBALL HOLDINGS LLC

company has been notified in writing of this change.

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

| The Articles of Organization for this Limited Liability Compa   | my were filed on $\frac{1/11/202}{1}$   | 4 and assigned  |
|---|---|---|
| Florida document number 124000024873  |   |   |
| This amendment is submitted to amend the following:   |   |   |
| A. If amending name, enter the new name of the limited li   | ability company here:   |   |
| The new name must be distinguishable and contain the words "Limited Lia   | ability Company," the designat  | ion "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)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:   | ce address on our record  | s, enter the name of the new registered   |
|   |   |   |
| New Registered Office Address:  | Enter Florida stre  | vet address   |
|   |   | , Florida   |
|   | ·   | Zip Code  |
| New Registered Agent's Signature, if changing Registered Agen   | <u>nt:</u>  |   |
| I hereby accept the appointment as registered agent and a<br>provisions of all statutes relative to the proper and comple<br>accept the obligations of my position as registered agent a<br>being filed to merely reflect a change in the registered offi-<br>company has been notified in writing of this change | ete performance of my du<br>as provided for in Chapte<br>ce address, I hereby con | tties, and I am familiar with and<br>er 605, F.S. Or, if this document is<br>firm that the limited <b>J</b> ability |

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      |
|--------------|--------------------|---|---------------------|
| MGR          | Steve A Poborka    | 19258 Fishermans Bend Dr, Lutz Fl 33558 | □Add                |
|              |                    |   | □Remove             |
|              |                    |   | Change              |
| MGR          | Kerrie C Forrester | 19258 Fishermans Bend Dr, Lutz Fl 33558 | □Add                |
|              |                    |   | ≣Remove             |
|              |                    |   | □Change             |
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|  | if other than the date o  | of filing:   |                                       | ore than 90 days after file | al)<br>ing.) Pursuant to 605.02 | 07 (2)/ |
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