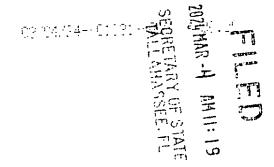
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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
CUDIFCT.	PALM BEACH	PADEL LLC		
SUBJECT:		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:		
	ANDER	LLONA VIVANCO		
		Name of Person		
	PALM	15017=17	- C	
		Firm/Company		
	609 AHA	DOR LN UNIT 3	SEC!	2024 1
	WEST PAI	City/State and Zip Code	OCRETARY UF OR ALLAHASSEE, FL	2024 HAR - 4 AM 11: 19
	ANDERLLON	A13 Q GHAIL COM	338\$ 338\$	三
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notificall:	ation)	:19
ANDER LL	OJUAVIV AUC	at (754) 253 9	(
	f Person		Telephone Number	-
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &
Mailing Addres Registration S		Street Address: Registration Sect	tion	
Division of C	orporations	Division of Corp	orations	
P.O. Box 632 Tallahassee, l		The Centre of Ta 2415 N. Monroe		
i ananasee, i	(12 フムジエマ	ATIONIO	bucci, balle or	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALIM BEACH		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our re Limited Liability Company)	ecords.)
Fine Articles of Organization for this Limited Liability Co. Florida document number L24000055893	ompany were filed on Ollo	R 17024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR.	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	uldress
		_, Florida
	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, 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
AHBR	BASTIEN BAUDIN	2201 GLENMOOR DR	& Add
		WEST PALM BEACH, FL 3340	9 _□Remove
			□Change
AHBR	BIEL ROCA CAPATERAS	609 AMADOR LN UNIT 3	X Add
		WEST PALM BEACH, FL 33401	□Remove
			□Change
		SECRE	□Add 2021 HRemove
		AHASSEE, FI	Change O
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fective date, if o	ther than the date o	f filing:		(optional)		
in effective date is lis	ted, the date must be specerted in this block doe	rific and cannot be		or more than 90 days	after filing.) Pur		
	date on the Departme			ming requirements	s, this date will	not be iist	cu as i
	elayed effective date, l	out not an effecti	ve time, at 12:01	a.m. on the earlier o	of: (b) The 90	th day afte	r the
is filed.							
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nted <u>OZIO</u>			authorized represen				