124000168012

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE TALLAHASSEF, FI

COVER LETTER

| CUDARCE. REAL PA | DEL MIAMI LLC | | | | |
|---------------------------|--|--|---------|--|--|
| SUBJECT: MAINTA | Name of Person Area Code Daytime Telephone Number Second Filing Fee & Second Fee & Second Filing Fee & Second Fee & Second Filing Fee & Second Fee & Second Filing Fee & Second Fee & Second Filing Fee & Second Fil | | | | |
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | | | | | |
| | VICTOR MUNOZ | | | | |
| | | Name of Person | | | |
| | REAL PADEL MIAMI, I | .I.C | | | |
| | | Firm/Company | | | |
| | 1739 NE 2ND AVE | | | | |
| | | Address | | | |
| | | | | | |
| | | | | | |
| | <u> </u> | | | | |
| | | | | | |
| For further information (| concerning this matter, please c | an: | | | |
| VICTOR PADILLA | | at (954) 5298628 | | | |
| Name o | of Person | Area Code Daytime Telephone Number | | | |
| Enclosed is a check for t | ha fallawing amount: | | | | |
| | _ | | | | |
| □ \$25,00 Filing Fee | | Certified Copy Certificate of Status & Certified Copy | | | |
| | | | | | |
| Mailing Addre | <u>ss:</u> | Street Address: | Ent. | | |
| Registration | Section | Registration Section | f., f., | | |
| Division of Corporations | | | | | |
| P.O. Box 632 | | The Centre of Tallahassee | - | | |
| Tallahassee, | FL 32314 | 2415 N. Monroe Street, Suite 810 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| (Name of the Lir | nited Liability Company as it now appea (A Florida Limited Liability Company) | rs on our records.) |
|--|---|--|
| The Articles of Organization for this Limited | Liability Company were filed on $\frac{0}{2}$ | 4/09/2024 and assigned |
| Florida document number 1.24000168012 | · | |
| This amendment is submitted to amend the fo | ollowing: | |
| A. If amending name, <u>enter the new name</u> | of the limited liability company h | <u>ere</u> : |
| The new name must be distinguishable and contain the | e words "Limited Liability Company," the | designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appl | licable: | |
| Principal office address MUST BE A STRE | | |
| | | |
| | • | |
| | | |
| Enter new mailing address if annlicable | | |
| | | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFIC | <u></u> | |
| 2 | <u>E BOX)</u> | |
| Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or | r registered office address on our | records, enter the name of the new registe |
| Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or | r registered office address on our | records, enter the name of the new registe |
| Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or the new registered office address Mame of New Registered Agent: | r registered office address on our ress here: | records, enter the name of the new registe |
| Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/orgent and | r registered office address on our press here: TAX PLANNING PLUS LLC 9600 NW 38TH ST, SUITE 203 | records, enter the name of the new registe |
| Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or the new registered office address and/or the new Registered Agent: | r registered office address on our press here: TAX PLANNING PLUS LLC 9600 NW 38TH ST, SUITE 203 | |

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, This documentis 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 Resistered 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> | Type of Action |
|--------------|------------------|-----------------------------|-------------------|
| MGR | VICTOR MUNOZ | 1750 N BAYSHORE DR | = Add |
| | | APT 1904, | □Remove |
| | | MIAMI, FL, 33132 | □ Change |
| MGR | GSECO, INC | 1741 2ND AVE | |
| | | MIAMI, FL, 33132 | Remove |
| | | | □ Change |
| MGR | TD2 HOLDING, LLC | 301 W HALLANDALE BEACH BLVD | |
| | | HALLANDALE BEACH, FL 33009 | Remove |
| | | | □ Change |
| MGR | TD2 PADEL, LLC | 301 W HALLANDALE BEACH BLVD | Ad |
| | | HALLANDALE BEACH, FL 33009 | Remove |
| | | | Change |
| | | | 🗀 Add |
| | | | SE DE Change |
| | | | SSC TO |
| | | | FF STATE □ Remove |
| | | | □Change |

|). If amending any other informa | ition, enter cha | nge(s) here: | (Attach additi | ional sheets, if nec | cessary.) | | |
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| Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D | st be specific and ca lock does not med | annot be prior to et the applicab | date of filing or notes that the statutory filing | nore than 90 days afte | ional) er filing.) Pursua is date will no | nt to 605. t be liste | 0207 (I ed as th |
| ne record specifies a delayed effective ord is filed. | e date, but not ar | i effective tim | e, at 12:01 a.m. | on the earlier of: (| b) The 90th (| | the |
| | | | 1 | | SEC TA | 2024 | |
| Dated 10 - OCTOBER | • • | 2024 | MIX- | | | 2024 OCT 31 | - |
| | | | Het S | , | HAS | | Parks: |
| | Signature of a me | mber or authori | zed representative | e of a member | OF S | 7 | |
| VICTOR MUNOZ - G | SECO INC - MA | NAGER | | | FIA. | .: | |

Typed or printed name of signee