## 24000318141

(Requestor's Name)
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## **COVER LETTER**

Divi	ision of Corp	porations		
SUBJECT:		I name by removing Corp from	n the name	
SOBJECT.	•	Name of Limi	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		1116 Cedar Falls Drive		
		1	Name of Person	
		ECO PADEL DOLPHIN I	A.C	
			Firm/Company	<del></del>
		1116 Cedar Falls Drive		
			Address	
		Weston, FL 33327		
			City/State and Zip Code	· · ·
		mariafabianape@gmail.com		<del></del>
		E-mail address; ()	to be used for future annual report notif	ication)
For further in	formation co	oncerning this matter, please ca	ali:	
Maria Pena			305 922-1444	
	Name of	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	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)

Registration Section

TO:

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

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

FILED

ECO PADEL DOLPHIN CORP

2024 SEP 12 PM 12: 30

TA Florida Cin	nted Liabinty Company)	TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Com	pany were filed on 07/17/2024	and assigned
Florida document number 1.24000318141		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
ECO PADEL DOLPHIN LLC		
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 ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	v= 11	Annal anna ann Callana ann an airtean d
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>er</u>	iter the name of the new registered
Name of New Registered Agent:		
N. B. L. LOW Aller		
New Registered Office Address:	Enter Florida street ac	ldress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agen	plete performance of my dutie: t as provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is
being filed to merely reflect a change in the registered of company has been notified in writing of this change.	nnce adaress, 1 nereny confirm	и та те итнеа намиу

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
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			Remove
			□Change
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(If an e <b>Note</b>	ctive date, if other than the date offective date is listed, the date must be offertive date inserted in this block iment's effective date on the Department.	e specific and cannot k does not meet the	applicable statut	iling or more than 90 ory filing requiren	(optional) days after filing.) l nents, this date w	Pursuant to /ill not be	605.020° listed as
	ord specifies a delayed effective d	late, but not an effe	ective time, at 12:	01 a.m. on the earl	ier of: (b) The	90th day a	ifter the
If the rec record is	filed.						