L24000346468

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.6), 0.6.6.2.p.: (0.6.6.1)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Divisio	n of Corp	porations		
	lando Pad	lel Center LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Ar	ticles of a	Amendment and fec(s) are sub	mitted for filing.	
Please return all	correspoi	ndence concerning this matter	to the following:	
		Cesar Ramon Matos Sucre		
			Name of Person	
		Orlando Padel Center LLC	,	
		-	Firm Company	
		15889 Tollington Aly		
			Address	
		Winter Garden, FL 34787		
		Solution concerning this matter, please call: Is Sucre		
		E-mail address: (to be used for future annual report not	lification)
For further infor	mation co	oncerning this matter, please c	all:	
Cesar Ramon M	atos Sucr	e		
Name of Person		Area Code Dayur	ne Telephone Number	
Enclosed is a cho	eck for th	c following amount:		
■ \$25.00 Filin	g Fcc		Certified Copy	Certificate of Status &
	Address			ection
_		orporations	Division of Co	
P.O. B	30x 632°	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orlando Padel Center LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our record mited Liability Company)	<u> s.</u> }
The Articles of Organization for this Limited Liability Con Florida document number $\frac{1.24000346468}{1.24000346468}$.	npany were filed on August 7, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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>SS)</u>	
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
		· :
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, enter	the name of the new registe
igent and/or the new registered office address nere.		
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		<u> </u>
	Enter Florida street addres	22
		oridaZiv Code
	City	глр Соае

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 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	Cesar Ramon Matos Sucre	15889 Tollington Aly	—Add
		Winter Garden, FL 34787	
			\ \ \ \
			□Remove
			TChange
			Remove
			Change
			= Add
			□Remove
			TChange
			□Remove
			Romavo

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ective date, if other than the extremely effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	ck does not med	et the applicabl	ance or manife or m	ore than 90 days a	otional) fler filing.) Pursuan this date will not	t to 605.0207 be listed as
ecord specifies a delayed effective s filed.	date, but not ar	effective time	e, at 12:01 a.m.	on the earlier of:	(b) The 90th da	ay after the
ted August 23	<u> </u>	2024				
		_				
Cesar Ramo	n Mitas	SUCAA				

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