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(Requestor's Name)

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(City/State/Zip/Phone #)

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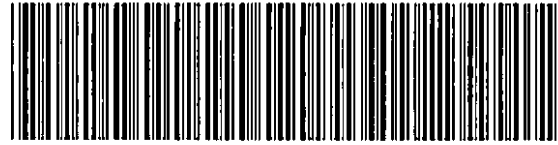
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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FLORIDA IN-HOUSE COUNSEL

LAW GROUP

TO: Registration Section
Division of Corporations

SUBJECT: ELITE PADEL INDOOR COMPANY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roberto Santoni, Esq.

Name of Person

Santoni Law, P.A., d/b/a Florida In-House Counsel Law Group

Firm/Company

941 Lake Baldwin Lane, Suite 100

Address

Orlando, Florida 32814

City/State and Zip Code

rsantoni@fihclawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto Santoni

407 233-3490

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

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

407.233.3490

941 LAKE BALDWIN LANE - SUITE 100

ORLANDO, FL 32814

fihclawgroup.com



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

Elite Padel Indoor Company LLC

(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 Company were filed on October 24, 2024 and assigned
Florida document number L24000452485.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Elite Padel Indoor Complex 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Andres Cordido	7620 Treasure Island Court	<input type="checkbox"/> Add
		Orlando, Florida 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Coren LLC	7620 Treasure Island Court	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tyler Gomez	1430 Tierra Circle	<input type="checkbox"/> Add
		Winter Park, Florida 32792	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sayamed Corp Inc.	6450 NW 102 Path	<input checked="" type="checkbox"/> Add
		Unit 305	<input type="checkbox"/> Remove
		Doral, Florida 33178	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.


Signature of a member or authorized representative

Roberto Santoni, Registered Agent

Filing Fee: \$25.00