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| Divi | sion of Corp | orations | | |
|----------------------|---------------|---|---|---|
| SUD IECT. | ALL PRO B | ASEBALL ACADEMY LLC | : | |
| SUBJECT: | * | Name of Lim | ited Liability Company | · · · · · · · · · · · · · · · · · · · |
| | | | | • |
| The enclosed | Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspon | dence concerning this matter | to the following: | |
| | | EDWARD M. ROUSE CP | 'A | |
| | | | Name of Person | |
| | | DUCKER & COMPANY | | |
| | | | Firm/Company | |
| | | 6825 OAK STREET | | |
| | | | Address | |
| | | MILTON, FL 32570 | | |
| | | | City/State and Zip Code | |
| | | EROUSECPA@BELLSOU | | * |
| Car furthar in | formation co | e-mail address: () | to be used for future annual report notifi | ication) |
| | | | 111. | |
| EDWARD M. ROUSE, CPA | | 850 623-3250 at () | | |
| | Name of | Person | | Telephone Number |
| Enclosed is a | check for the | e following amount: | | |
| ■ \$25.00 F | iling 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:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ALL PRO BASEBALL ACADEMY LLC | |
|---|--|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our records. ited Liability Company) |
| The Articles of Organization for this Limited Liability Comp. Florida document number L05000064082 | pany were filed on JULY 1, 2005 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | liability company here: |
| ALL PRO TURF MANAGEMENT LLC | |
| The new name must be distinguishable and contain the words "Limited I | Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | N/A |
| (Principal office address MUST BE A STREET ADDRESS | <u>S)</u> |
| | |
| Enter new mailing address, if applicable: | N/A |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address: | ed office address on our records, enter the name of the new here: Enter Florida street address Florida |
| - | , Flonda |

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

| MGR = Manager AMBR = Authorized Member | | | | |
|--|-------------|-------------|----------------|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action | |
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Typed or printed name of signee

Filing Fee: \$25.00