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COVER LETTER

		: Management, LLC					
SUBJECT:		Name of Limited Liability Company					
T1 1	1	A	and and the state				
		Amendment and fee(s) are sub	_				
Please retur	n all correspo	ondence concerning this matter	to the following:				
		Nestor Gorfinkel					
			Name of Person				
		Registered Services					
		•	Firm/Company				
		1930 Harrison Street # 208	× ·				
			Address				
		Hollywod, FL 33020					
		•	City/State and Zip Code				
		tl.regservices@gmail.com	to be used for future annual report noti	Sealton)			
For further (information c	oncerning this matter, please c		. N. aitter			
Nestor Gori	finkel		305 932-5757				
	Name o	f Person	at () Area Code Daytim	e Telephone Number			
Enclosed is	a check for th	ne 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Big League Management, 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 6/22/2007 ____ and assigned Florida document number _____L07000065959 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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

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>	Address	Type of Action
MGR	Maria Gortinkel	1930 Harrison Street # 208	⊒ Add
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Filing Fee: \$25.00