L10000098480

(Requestor's Name)
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Special Instructions to Filing Officer:
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EXAMINER

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COVER LETTER

TO:	Registration Sect Division of Corpo						
			's Edge, LLC ted Liability Company				
The er	iclosed Articles of A	mendment and fee(s) are sub	mitted for filing				
		dence concerning this matter	-				
		Andrew Raffa Name of Person		可い	20		
		Players Edge, LLC Firm/Company		SECRETARY LL'ABASSE	2018 OCT -4 PM		
		2686 NW 63rd Street Address		무유	4 PM 2:		
		В	oca Raton, FL 33496 City/State and Zip Code		SIME	⊕	
		players E-mail address: (6	edgebaseball@gmail.com o be used for future annual report notifi	cation)			
For fu	rther information co	ncerning this matter, please c	all:				
Andrew Raffa Name of Person		at (561) Area Code & Daytimo	945-8710 Telephone Number	<u></u> г			
Enclo	sed is a check for the	following amount:					
₽\$ 2	5.00 Filing Fee	Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Fil Certifica Certified (addition	ite of Sta i Copy	itus &	osed)
	MAILI	NG ADDRESS:	STREET/COURI	ER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pla (Name of the Limited Liabili	yers Edge, LLC	s or our roomis	
(A Florida	ity Company as it now appear a Limited Liability Company)	S vii var records.)	
The Articles of Organization for this Limited Liability	Company were filed on	<u>9/20/10</u> and assi	gned
Florida document numberL10000098480	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the w	vords "Limited Liability Compa	my" the decimation "T+C" delte at	hhreviatio
"L.L.C."	orus Emitto Etabiniy Compa	A S	7
Enter new principal offices address, if applicable:	**************************************	ASS.	
(Principal office address MUST BE A STREET ADI	DRESS)		i Far
		77 3 Co. 10 Co.	
		RAY 5	And of
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg		our records, enter the name of	the nev
registered agent and/or the new registered office ac	<u>idress nere</u> :		
Name of New Registered Agent:			
Name of New Registered Agent.		+	
New Registered Office Address:	Eu	ter Florida street address	
	En	er runiau sireet aaaress	
	Cin	, Florida Zip Code	
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>MGRM</u>	Myles Runsdorf	6475 DORSAY COURT DELRAY BEACH FL 33484	Add Remove
MGR	Ryan Raffa	9985 Marsala Way Delray Beach, FL 33446	Add Remove
			Add Remove
			Actal Actal The prove
		SSEE FLORI	N G
D. 16			Add Remove
D. 11 amend	ung any other intormation, e	enter change(s) here: (Attach additional sheets, if necessary.)	_
			-
	September 30	_, _2010	_
	Signature	of a member or authorized representative of a member	
		Andrew Raffa Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00