400011029

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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please i	return all correspondence concerning this matter to the following:
	CHCISTOPHERS. HUAT Name of Person
	BASES LOADED UMPINZING AND EDUCATION LLC. Firm/Company
	1228 OAK TRACE DRIVE Address
	SACASOTA, FL 34232 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
C	Name of Person at (941) 322 -4148 Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$ 25.	00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

The Articles of Organization for this Limited Liability Company were filed on _______ and assigned -11000094029 Florida document number 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 end with 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) 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 addi Florida City 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 act the provisions of all statutes relative to the proper and complete performance of my duties, and I am amiliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGRM	ANGELL, KEVIN	3823 AFTON CIRCLE SACASOR, FL. 34233	Add Remove	
			Add Remove	
			Add Remove	
	·		Add Remove	
magazinin esta adam	 		Add Remove	
			Add Remove	
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
			_	
Dated	1/07 . 20 CS	r authorized representative of a member		
-	Signature of a member of		.	

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Filing Fee: \$25.00