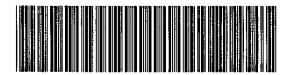
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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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2011 NOV 30 AMII: 04
SECRETARY OF STATE

J. BRYAN

DEC -1 2011

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	MVP BASEB	ALL ACADEMY LLC	
	Name of Lim	ited Liability Company	
·	of Amendment and fee(s) are su	-	
Please return all corres	pondence concerning this matte	r to the following:	
		LUIS RAVELO	
	-	Name of Person	
		Firm/Company	7 28
	32	14 STONEHURST CIR	TALLAHASSEE, FLORID
	12	Address	TARY OF
	<u></u>	City/State and Zip Code	
• ·	mvpbas	seballacademy@gmail.com to be used for future annual report notificat	LORIE LORIE
For further information	concerning this matter, please of	`	D
	Luis Ravelo of Person	at (<u>407</u>) <u>97</u> Area Code & Daytime To	73-7517 elephone 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)
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

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

MVP BASEBALL ACADEMY LLC

ART	ICLES OF	AMENDMENT	Γ	MININ 30 MIN: 05 FILED MIN: 05 FILED MIN: 05
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			•	Serve to the
MVP BASEBAL				FOR I
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	ny as it now appears Liability Company)	on our records.)	SE S
	•			DE.
The Articles of Organization for this Limited Li		were filed on	09/28/11	and assigned
Florida document number L11000111	016			
This amendment is submitted to amend the folk	owing:			
	_			•
A. If amending name, enter the new name of	the limited liab	oility company here	:	

The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Compan	y," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE	T ADDRESS)			
		-		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)	•		
B. If amending the registered agent and/o	or registered of	ffice address on or	ır records enter	the name of the new
registered agent and/or the new registered of			i records, enter	the mine of the new
Name of New Registered Agent:	N/A			
	N/A			
New Registered Office Address:	INIA	Ente	er Florida street ac	ldress
		Citv	, Florida _	Zip Code
		CHV		zip Coae

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

MGR = Ma MGRM = M		A SECOND	11 1
<u>Title</u>	<u>Name</u>	Address	Tim of Act
MGRM	ALIX B. RAVELO	3214 STONEHURST CIR KISSIMMEE, FL 34741	Add
			Add Remove
			Add Remove
D. If amend N/	Λ Δ	change(s) here: (Attach additional sheets, if necessary.)
Dated	NOVEMBER 22	2011	
	Signature of a n	LUIS RAVELO Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00