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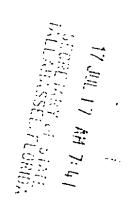
(Re	questor's Name)	
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PICK-UP		MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dynasty Baseball Academy, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michelle Spence
Dynasty Baseball Academy, LC
543 Drysdale DR. Address
O.P. Fl 32065 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michelle Spence at 904 885-2480 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed) \$\Bigcup \$30.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certified Copy tadditional 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

(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L}{12000071153}$.	were filed on 7-14-17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
	nla
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	<u>na</u>
Enter new mailing address, if applicable:	nla
(Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent:	ffice address on our records, enter the name of the new e:
New Registered Office Address:	Enter Florida street address
	Times Florada sireer dadness
	City Florida Ziv Code
New Registered Agent's Signature, if changing Registered Agent:	08/10 08/10
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
	nging Registered Agent, Signature of New Registered Agent
If Chai	iging 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
Secretary	Michelle Spence	2733 Beaucler Rd Say, F1 32257	_ X Add
		Jax, F1 32257	□ Remove
			Change
			□ Add
			Remove
			Change
			
			□ Remove
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	For .
	F6. 7
	<u> </u>
fective date, if other than the date of filing:	(antional)
in effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional) than 90 days after filing.) Pursuant to 605.020
ote: If the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records.	equirements, this date will not be listed a
record specifies a delayed effective date, but not an effective tim	e, at 12:01 a.m. on the earlier of
The 90th day after the record is filed.	
7 1/ 17	
Signature of a member or authorized representative of a Signature of Morales TIT	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00