L12000085345

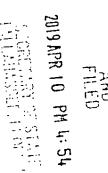
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COVER LETTER

Division of Co				Ì
A League	of Their Own Academy, LLC			
	Name of Lin	aited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
	nondence concerning this matter			
	Maritza Ruiz			
		Name of Person		
	A League of Their Own A	cademy, LLC		
		Firm/Company		
	4111 NW 22 Avenue			
		Address		
	Miami, Florida 33142			
		City/State and Zip Code		
	alotoacademy@aol.com E-mail address: (to be used for future annual re	port notification)	
For further information	concerning this matter, please c		•	
Maritza Ruiz			3673	•
Name	of Person	at () Area Code	Daytime Telephone 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 tadditional copy is enclo	sed) Certified	te of Status &
Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	Registratio Division o Clifton Bu 2661 Exec	f Corporations	

2019 APR 10 PM 4: 5

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A League of Their Own Academy,				
(<u>Name of the Limit</u>	ed Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Li Florida document number L12000085345	ability Compan	y were filed on <u>06/28/2012</u>	and assigned	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited lia	bility company here:		
n/a				
The new name must be distinguishable and contain the w	ords "Limited Liab	bility Company," the designation "LLC" o		
Enter new principal offices address, if applic	able:	n/a		
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>		<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		n/a	<u> </u>	
			<u> </u>	
B. If amending the registered agent and/registered agent and/or the new registered of			enter the name of the new	
Name of New Registered Agent:	n/a			
New Registered Office Address:	n/a			
*	Enter Florida street address			
	n/a	, Flori	da	
		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 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, enten 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	Britney A. Ruiz		
		4111 NW 22 Avenue, Miami, FL 33142	■ Remove
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ffective date, if other than the date of filing an effective date is listed, the date must be specific and	: cannot be prior to date of	f filing or more than 90 d	_ (optional) ays after filing.) Pursua	int to 605
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rement's effective date on the trepartner or st	are s records.			
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The 90th day after the record is filed.	ate, but not un er	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.01 3 3	
ated March 26	2019			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00