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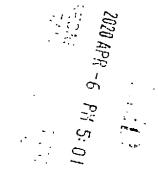
(R	equestor's Name)
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(D	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations		
SUBJECT:	Chaz Lytle Name of Lim	Baseball LL dited Liability Company	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ch	192 Lytle Name of Person	
	Cha	2 lytle Baseba	all LLC
	910	Sherboume C	lircle
	Lak	e Man , FL 3'2 City/State and Zip Code	14Lp
	E-mail address: (E Mary FL 32 City/State and Zip Code 2. 14 He @ yuhoo to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Chaz_L Name o	U + U i Person	at (<u>401</u>) 45 Area Code Daytin	4-1770 te Telephone Number
Enclosed is a check for the	ne 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)
Mailing Address Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Con The Centre of 1	porations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chaz Lutte	Baseball LL 2020 APR - 6 PH 5:01
(Name of the Limited Liability Com	pany as it now appears on our records.) ad Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number 12000121547	ol out
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia 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)	910 Sherbourne Circle Lake Many , FL 32-146
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	GIO Sherbourne Circle Enter Florida street address
	Enter Florida street address - ÛU MUM, Florida 2014 Le - 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 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

Tr'.	N.T.	4.4.4	
<u>Title</u>	<u>Name</u>	<u>Address</u>	2020 APR
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