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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2013 OCT 29 PM 12:

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T. (MMPYON)

# **COVER LETTER**

• TO: Registration Section Division of Corporations	
SUBJECT: Eric Huricy Baseball, LL Name of Limited Liability Company	<u> </u>
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Eric Hurley Name of Person	<del></del>
Eric Huruy Baschall, 1	LC
124 Scotland Yard Bl	vd.
St. Johns, FL 322 City/State and Zip Code	59
Enchuricus Bastralla ya E-mail address: (to be used for future animal report not	hod. Com
For further information concerning this matter, please call:	
Name of Person at (904) 294  Area Code & Daytin	rne Telephone Number
Enclosed is a check for the following amount:	D\$60.00 Eiling Foo
\$25.00 Filing Fee \$\simega\$\$30.00 Filing Fee & \$\simega\$\$ Certificate of Status \$\simega\$\$ Certified Copy (additional copy is enclose)	□\$60.00 Filing Fee, Certificate of Status & 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 \_\_\_\_ 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"; of the association "LLC"; of the association the designation of the company of the compan "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 address , Florida 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 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 = Manager

MGRM = Managing Member **Type of Action** Address Title **Name** 174 Scotland yard Blvd. 2 Add St. Johns, FL. 32259 [ MGRM Ronaldelturicy Remove Remove Remove

lf amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
<del></del>	
ed	
	41DW
<del></del>	Signature of a member or authorized representative of a member
	Kacey L Huricy
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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