## L 13000075554

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	(Address)
	(Address)
	(City/State/Zip/Phone #)
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K. SALY APR 3 2018

## **COVER LETTER**

TO: Registration Division of (	n Section Corporations		
	ng Baseball, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Joseph E Medina		
		Name of Person	
	Ironwing Baseball, LLC		
		Firm/Company	
	14285 SW 149 Avenue		
		Address	<del></del>
	Miami, FL 33196		
		City/State and Zip Code	
	i ROHWING - CNI	10 De used for future annual report not	rification)
For further information	on concerning this matter, please c	_	,
Joseph E Medina		305 989-5651	
Van	ne of Person	at ()Area Code Daytir	ne Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	E \$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)
keg Div .O	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

APR -2 PH 12: 11

SECRETARY OF STATE

OFFICE

O

Iro wing Baseball, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of O ganization for this Limited Liability Company	y were filed on May 23, 20	and assigned
Florida document number <u>L13000075554</u>		
This amendment is submitted to amend the following:		
A. If amending rame, <u>enter the new name of the limited lial</u>	bility company here:	
Ironwing Enterprises, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>~la</u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	~/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		cords, enter the name of the new
New Registered Office Address:		
	Enter Florida street	address
		, Florida Zip Code
		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
If Cha	inging Registered Agent, <u>Sign</u>	ature of New Registered Agent

If amending Au or removed from		nage, <u>enter the title, name, and address of each</u>	person being added
		FILED	
MGR = Mana	iger	18 400	
AMBR = Auth	orized Member	String PH 12: 14	
<u>Title</u>	<u>Name</u>	Address Intersection of the state of the sta	Type of Action
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			□ Remove
			Change
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			Remove
			Change
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			Remove
			Change

	ng my other information, enter change(s) here: (Attach additional sheets, if necessary.)
	FILE
	ng hny other information, enter change(s) here: (Attach additional sheets, if necessary.)    File
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	1011 - 1019 - 101
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fan effect <u>Sote:</u> H	date, if other than the date of filing:
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	th day after the record is filed.
The 9	
The 9	th day after the record is filed.
The 9	th day after the record is filed.
	th day after the record is filed. $03/29/2017$

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Filing Fee: \$25.00