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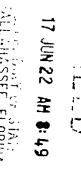
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
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(Business Entity Name)
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Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor							
		SCOUT BALL, LLC						
Name of Limited Liability Company								
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
		Katie Danielle Mercadante	,					
								
		FLORIDA SCOUT BALL	, LLC					
			Firm Company					
		201 Echo Hollow Way						
			Address					
		Oviedo, FL 32765						
		kdmercadante@gmail.com	City/State and Zip Code					
		E-mail address: ()	to be used for future annual report notif	ication)				
For fur	ther information co	oncerning this matter, please or	ıll:					
Joseph	S Mercadante		407 443-1025					
	Name o	f Person	at () Area Code Daytime	Telephone Number				
Enclose	ed is a check for th	ne following amount:						
■ \$2:	5.00 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 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

FLORIDA SCOUT BALL, LLC

(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Florida document number		04/17/2015 and assigned
This amendment is submitted to amend the following	Howing:	
A. If amending name, enter the new name	of the limited liability company h	<u>nere</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
	**************************************	>
		17.
Enter new mailing address, if applicable:		5 5
Mailing address MAY BE A POST OFFICE	EBOX)	28. 28. 28. 28. 28. 28. 28. 29. 2
		3
B. If amending the registered agent and	Nor registered office address o	n our records enter the removal th
registered agent and/or the new registered		in our records, enter the manie or th
Name of New Registered Agent	Katie Danielle Mercadante	
New Registered Office Address	201 Echo Hollow Way	
	Enter Flo	orida street address
	Oviedo	. Florida 32765
	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, 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
AMBR	Joseph S. Mercadante	PO Box 150813	
		Altamonte Springs FL 32715	■ Remove
			□ Change
AMBR	Katic Danielle Mercadante	201 Echo Hollow Way	Add
		Oviedo, F1, 32765	□ Remove
			□ Change
			Add
			☐ Remove
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ective date, if other than the dat			(optional)	6 t 1 8
n effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department's effective date on the Department's pecifies a delayed effice of the 90th day after the record	specific and cannot be prior to didoes not meet the applicable timent of State's records. Flective date, but not all	e statutory filing requirement	lays after filing.) Fursuan ents, this date will not	t to 605,020 be Tisted a
June 20	2017	$-\sqrt{2}$		
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	1	: /// <i>/</i> ///		
Sty	nature of a member or authorize	depresentative of a membe	1	
Joseph S Mercadante				
	Typed or printed na	ume of signee		_
1 /				

Filing Fee: \$25.00