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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Doug Freem	nan Baseball Camps LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Doug Freeman		
ij		Name of Person	
1	LeadOff Travel LLC		
N. C.		Firm/Company	
1	2730 Crews Lake Dr		
		Address	
	Lakeland, FL 33813		
	,	City/State and Zip Code	
11	Doug@leadofftravel.com	to be used for future annual report notifi	cution)
further information co	oncerning this matter, please ca	·	
	meeting this matter, prease ea		nbei
g Freeman		863 640-2293 at ()	
Name of	Person	Area Code Daytime	Telephone Number
sed is a check for the	c following amount:		.00 filing tree
!5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Fimilg Fee ^{cepy} Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	NG ADDRESS:	STREET/COURIE	
	ition Section of Corporations	Registration Section Division of Corpora	
P.O. Bo	x 6327	Clifton Building	

Tallahassee, FL 32301

2017 DEC 11 P钟 IE: \$ G

MULAHÁS A POTENTA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	any as if now appears on our record	1
(A Florida Limited	Liability Company)	<u>13c.</u>)
he Articles of Organization for this Limited Liability Company	v were filed on 5/6/2015	and assigned
u	, were med on	and dobigned
orida document number L15000080090		
nis amendment is submitted to amend the following:		
If any little and the second s	L:1:4	
. If amending name, enter the new name of the limited lial	omy company nere:	
eadOff TravelLLC		
e new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
		مخد
rincipal office address MUST BE A STREET ADDRESS)		
		
ji		**************************************
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		
	~	
If amending the registered agent and/or registered of gistered agent and/or the new registered office address her		s, enter the name of the ne
ristered agent and/or the new registered office address the	· ·	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Fiduless.	Enter Florida street addre.	55
	, l ^e l	orida Zip Code
	•	
Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
$-$ eby accept the $^{\parallel}$ appointment as registered agent and ag		
sions of all statutes relative to the proper and complete		
nt the obligations of my position as registered agent as		
filed to merely reflect a change in the registered office	e address, I hereby confirm th	at the limited liability
any has been notified in writing of this change.		
<u></u>		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:

AMBR = . <u>Title</u>	Manager Authorized Mémber <u>Name</u>	<u>Address</u>	Type of Action
MGR	Sharon Freeman	2730 Crews Lake Dr Lakeland, FL	Add
			□ Remove
			Change
	<u></u>		Add
)		Remove
			□ Add
			Remove
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	<u>u</u>		Add _{€0}
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		"," ———————————————————————————————————
	3	
		
an effecti lote: If t	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date the date inserted in this block does not meet the applicable st t's effective date on the Department of State's records.	
	rd specifies a delayed effective date, but not an o	effective time, at 12:01 a.m. on the earlier o
The 90	Oth day after the record is filed.	
De ited_	ecember 2nd 2017	
110d	A 71	
	Multiple	
	Signature of a member or authorized r	epresentative of a member
	Doug Freeman	

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Filing Fee: \$25.00