L16000029113

(Requestor's Name)
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COVER LETTER

Division of C	orporations			•
SUBJECT:	• Suffragette	Softball LLC	•	•
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Trent Duncan			
		Name of Person		
	Suffragette Softball LLC			
Firm/Company				
	700 Almond Street			
		Address		
	Clermont FL 34711			
	Suffragette Softball LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Sondence concerning this matter to the following: Trent Duncan Name of Person Suffragette Softball LLC Firm/Company 700 Almond Street Address Clermont FL 34711 City/State and Zip Code Astrange@thespringgames.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: at (
			l report notification)	
For further information	concerning this matter, please c	all:		
Trent Duncan				
Name	of Person	Area Code	Daytime Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate colosed) Certified	ing Fee, See of Status & Copy
<u>Mailing Addi</u> Registration				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Suffragette Softball LLC		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		•
The Articles of Organization for this Limited Liability Company were filed on February 11, 2016 Florida document number L16000029113	and a	ssigned
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 contain the words "Limited Liability Company," the designation "LLC" or to	the abbreviation	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 agent and/or the new registered office address here:	name of the n	ew registere
Name of New Registered Agent:		3 "
New Registered Office Address: Enter Florida street address		<u> </u>
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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
MGR	William Brown	700 Almond Street	□Add
		Clermont FL 34711	Remove
			□Change
MGR	Trent Duncan	700 Almond Street	■Add
		Clermont FL 34711	□Remove
			□Change
			□Add
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ote: If the date inserted in this block ocument's effective date on the Department specifies a delayed effective date.	does not meet the applicable statutor tment of State's records.	y filing requirements, this date v	will not b	e listed a
is filed.				
January 15	2020			
				_
Sig	nature of a member or authorized represe	ntative of a member		
	William Brown			

Filing Fee: \$25.00