## 116000/69634

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## COVER LETTER

Division of Co			· %
SUBJECT:	Crespo Club Basebal	I, LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Manny Crespo		
		Name of Person	
	-	Firm/Company	
	10170 S.W. 88 Street, Un	it 301	
	<del>, , , , , , , , , , , , , , , , , , , </del>	Address	
	Miami, Florida 33176		
	mannycrespo11@gmail.co	City/State and Zip Code m	
		(to be used for future annual report noti	fication)
For further information	concerning this matter, please o	all:	
Manny Crespo		305 992-1997 at ( )	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 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 ORGANIZATION OF

	o Club Baseball, LLC.			
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears of nited Liability Company)	1 our records.)		
The Articles of Organization for this Limited Liability Comp	pany were filed on Septer	nber 12, 2016 and assigned		
Florida document number L16000169634	· • · · ·	<u> </u>		
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 desig	nation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	10170 S.W. 88 Stre	<del>ve</del> t		
(Principal office address MUST BE A STREET ADDRES.	Unit 301			
	Miami, Florida 331	76		
•				
Enter new mailing address, if applicable:	10170 S.W. 88 Stre	et		
(Mailing address MAY BE A POST OFFICE BOX)	Unit 301	Unit 301		
	Miami, Florida 331	76		
registered agent and/or the new registered office address  Name of New Registered Agent:	<u>here</u> :			
New Registered Office Address:				
	Enter Florida	street address		
		, Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	olete performance of my as provided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is		
company has been notified in writing of this change.		ARE TARY		
Īſ	Changing Registered Agent	Signature of New Registered Atent		
_		STA STA		
Pa	age 1 of 3	<u> </u>		

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
·			D Add
			□ Remove
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, <u>, , , , , , , , , , , , , , , , , , </u>			<del></del>
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E. Effective date, if other than the date (If an effective date is listed, the date must be sp	of filing:ecific and cannot be prior to date of filing or more	(optional) e than 90 days after filing.) Pu	rsuant to 605.0207 (3)(
Note: If the date inserted in this block do document's effective date on the Departm	pes not meet the applicable statutory filing ment of State's records.	requirements, this date will	not be listed as the
If the record specifies a delayed effe (b) The 90th day after the record is	ctive date, but not an effective tires filed.	ne, at 12:01 a.m. on	the earlier of:
Dated	2016		
10	un Cur	20 <b>2</b>	
Signat	ture of a member or anthorized representative o		
Manny Crespo		SS 22	}
	Typed or printed name of signee	מר אל מר אל	177
	Page 3 of 3	STATE LORIC	<u> </u>

Filing Fee: \$25.00