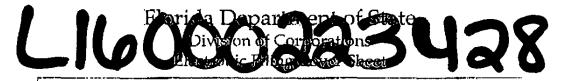
Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000305293 3)))



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To:

Division of Corporations

Fax Number : (890)617-6383

From:

Account Name : API PROCESSING

Account Number : I20110000069

Phone

: (954)567-0013

Fax Number

: (984)567-3401

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: <u>kathy@apiprocessing.com</u>

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EOM BASEBALL LLC

Certificate of Status	0
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12/13/2016

NO.687 #002 H16000305293 3 Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EOM Baseball LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) December 9, 2016 and assigned The Articles of Organization for this Limited Liability Company were filed on _ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ELM Baseball LLC The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." 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 ROX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

MGR = Manager

9545673401

HO.687 #003

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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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
		- 141,117	☐ Remove
			☐ Change
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			☐ Remove
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ctive date, if other than the date of filing effective date is listed, the date must be specific and I if the date inserted in this block does not innert's effective date on the Department of	id cannot be prior to date of filing meet the applicable statutory	or more than 90 days all filing requirements, th	er filing.) Pursuant to 605. his date will not be liste
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Filing Fee: \$25.00