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COVER LETTER

TO: Registration Section **Division of Corporations** AMENDING NAME - TO L17000038364 SUBJECT: * Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CHRISTOPHER BASILIO Name of Person ADVANCED SOCIAL MEDIA MARKETING, LLC Firm/Company 55 NE 159th STREET Address MIAMI City/State and Zip Code FLORIDA 33162 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cleyvis Basilio or Chris Basilio Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. **■** \$30.00 Filing Fee & ☐ \$25.00 Filing Fee □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

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

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

(<u>Name of the Limited L</u> (A F	iability Compa lorida Limited I	ny as it now appears on our recor Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liabil	and assigned		
Florida document number L17000038364	- *		
This amendment is submitted to amend the following	រតិ:		
A. If amending name, enter the new name of the	limited liab	ility company here:	
MVP BASEBALL TRAINING LLC			
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "LL	
Enter new principal offices address, if applicable	: :	·	2023 SER
(Principal office address MUST BE A STREET A	DDRESS)	same	
			SSE TOF TO
Enter new mailing address, if applicable:			TO W
(Mailing address MAY BE A POST OFFICE BO)	<u>Y)</u>	same	<u> </u>
(Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or regis	tered office :		
Name of New Registered Agent:	ame		
New Registered Office Address:	ame		
		Enter Florida street addr	ess
_			lorida
		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 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>	<u>Address</u>	Type of Action
OFFICE	Keyonnia Whye	P.O.Box 244071	■Add
		Atlanta GA 30324	Remove
			☐ Change
			■ Change
			□Add
			□Remove
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