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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

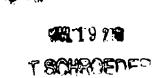




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TALL CHESSIES FINE SECRETARY OF THE BLANK HARD



COVER LETTER

		stration Secsion of Corp							
SHD IEZ	Tr.	Senior Won	nen's Legends League Softbal	I. LLC					
SUBJEC	٠١; _.		Name of Lin	nited Liability Company					
The encl	osed	Articles of z	Amendment and fee(s) are sub	omitted for filing.					
Please re	turn :	all correspor	ndence concerning this matter	to the following:					
			Cindy Eaton						
				Name of Person	<u> </u>				
			Senior Women's Legends	League Softball, LLC					
				Firm/Company	——————————————————————————————————————				
			2805 Curry Lane						
			Address						
			Nokomis, FL 34275						
				City/State and Zip Code					
			cindyee@verizon.net	•					
			fi-mail address: (to be used for future annual report r	notification)				
For furthe	er inf	ormation co	ncerning this matter, please co	all:					
Cindy Ea	aton			941 716-1605					
		Name of	Person	at () Area Code Day	time Telephone Number				
Enclosed	is a ç	heck for the	following amount:						
\$25.0	00 Fil	ing 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 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Senior Women's Legends League	Softball, LLC		
(Name of the Lin	ited Liability Comps (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Florida document number Δ17000255271	Liability Company	were filed on 12/13/17	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and contain the			2" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2805 Curry Lane	
Principal office address MUST BE A STREET ADDRESS)		Nokomis, FL 34275	<u> </u>
			5.50 <u>C</u>
Enter new mailing address, if applicable:		2805 Curry Lane	L-8
(Mailing address MAY BE A POST OFFICE BOX)		Nokomis, FL 34275	3 3
			93 7
			Sim en
 If amending the registered agent and egistered agent and/or the new registered of the new registe	d/or registered of office address her	ffice address on our record <u>e</u> :	
Name of New Registered Agent:	Cindy Eaton		
New Registered Office Address:	2805 Curry Lar	ne	
		Enter Florida street addres	SN
	Nokomis	FI	orida <u>34275</u>
		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 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	JoAnne Alexander	625 Portia St. N. Nokomis, FL 34275	
			■ Remove
			☐ Change
MGR	Laurie Kerns	4688 Michaler St North Port, FL 34286	Add
			□ Remove
			☐ Change
			₹S E Add
			Remove CO
			□ Charige
			SA ST ST Add
			Remove
		***************************************	□ Change
			□ Add
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			Channe

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ctive date, if other than the effective date is listed, the date me: If the date inserted in this iment's effective date on the	ust be specific an block does not i	d cannot be prior to meet the applica	odate of filing or	more than 90 days ng requirements	: after filing.) Pur	suant to not be	605.020 listed a
record specifies a delayone 90th day after the re	cord is filed.						rlier (
d July 3	·	2019	_•				
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Page 3 of 3

Filing Fee: \$25.00