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## **COVER LETTER**

MAJOR LEAGUE CAPITAL LLC **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: Gabriel Nieto Suarez Name of Person Major League Capital LLC Firm/Company 3609 NE 207TH ST APT 3206 Address AVENTURA, FL 33180 City/State and Zip Code gabrielnieto23@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gabriel Nieto Suarez Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

**MAILING ADDRESS:** 

TO:

Registration Section **Division of Corporations** 

> 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAJOR LEAGUE CAPITAL LLC		
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our re lited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comproved and Compression of Compression Compression (Compression Compression Comp	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	address, if applicable:	
		SE
Inter new mailing address, if applicable:		mc m≺ w i
Mailing address MAY BE A POST OFFICE BOX)		U; _ <b></b>
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<ol> <li>If amending the registered agent and/or registere egistered agent and/or the new registered office address</li> </ol>		ords, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		_, 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 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>	Name	<u>Address</u>	Type of Action
AMBR	Gabriel Nieto Suarez	3240 Laurel Oaks Lane	<b>■</b> Add
		Hollywood, FL, 33021	□ Remove
			☐ Change
AMBR	Joshua Eric Starr	3609 NE 207TH ST APT 3206	Add
		AVENTURA, FL 33180	□ Remove
			☐ Change
			□ Add
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e: If th	e date is listed, the case date inserted in seffective date or	this block doc	es not meet th	ne applicable	statutory filin	g requirements	s after filing.) Pursu s, this date will n	ant to 605.02 of be listed
record he 90t	specifies a d th day after th	elayed effec ne record is	tive date, filed.	but not a	n effective t	ime, at 12:	01 a.m. on th	ie earlier
ed	3/31/20	118/March	3/14,	7018.				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00