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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	
(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:		
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## **COVER LETTER**

	Registration Sec Division of Corp		•		
SUBJEC	Play Ball Fl	LLC			
SO DJEC	···	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub- ndence concerning this matter			
		Robin Ahlquist			
			Name of Person		TEPR
			Firm/Company		万后
		4343 Anchor Plaza Parkwa	y Suite 1		P
			Address	بنت ———— پنت	ς. 3. γ.
		Tampa, F1. 33634			
		rahlquist@mvpholdings.cor	City/State and Zip Code n		
		E-mail address: (	to be used for future annual report no	ification)	
For furth	er information c	oncerning this matter, please ca	all:		
Robin A	hlquist		813 262-1206 at ()		
	Name o	f Person	Area Code Daytii	ne Telephone Number	
Enclosed	l is a check for th	he following amount:			
<b>■</b> \$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 tadditional copy is enclose	
	25451	IVA AMBREE.	STREETWALE	TED ANNOESS.	

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

Play Ball FL LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparation for the Limited Liability Comparation document number $\frac{L18000099114}{L18000099114}$ .	ny were filed on 04/23/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRESS)		
		HAR 15
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		21 21
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	Zip Code

New Registered Agent's Signature, it 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>	<u>Address</u>	Type of Action
MGR	Nicholas Reader	4343 Anchor Plaza Parkway Ste 1 Tampa, FL 33634	Add
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			☐ Change
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ffective date, if o	ther than the date o	of filing:		(opti	onal)	
an effective date is lis	ther than the date of sted, the date must be spec- serted in this block doe	cific and cannot be prior	r to date of filing or n	nore than 90 days after	r filing.) Pursuant to ( s.date.will not be l	0.20d isted
ocument's effective	e date on the Departme	ent of State's records		g requirements, and	o time will not be i	15000
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