118000103458

| (Req | uestor's Name) | |
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| (Add | ress) | |
| - DbA) | ress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nan | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
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COVER LETTER

| TO: Registration S Division of Co | | | | |
|--------------------------------------|---|---|--|--|
| Internatio | nal baseball academy LLC | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all corresp | oondence concerning this matter | to the following: | | |
| | Steven Grøden | | | |
| | | Name of Person | | |
| | International Baseball Aca | idemy | | |
| | | Firm/Company | | |
| | 2510 N ronald reagan blvd | d Tongwood FL 32750 | 2018 | 77 |
| | | Address | | ************************************** |
| | Longwood, FL 32750 | | | |
| | Groden555@gmail.com | City/State and Zip Code | | PH 1:03 |
| | E-mail address: (| to be used for future annual report notif | ication) | <u>က</u> မ |
| For further information | concerning this matter, please c | all: | · · | |
| Steven Groden | , | 407 383-2211 | | |
| | | at () | | |
| Name | of Person | Area Code Daytime | Telephone Number | |
| Enclosed is a check for | the following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclose | |

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

| Name of the Limiter | I Linkility Camon | ne acit nan annance ar | n our roaned. | |
|---|---------------------|--|----------------------------|--------------------|
| (2) Anne in the Limited | A Florida Limited I | ny as it now appears on Jability Company) | i our recorus.) | |
| The Articles of Organization for this Limited Lia florida document number $\frac{L18000103458}{L18000103458}$ | | were filed on 04/28/ | 2018 | and assigned |
| This amendment is submitted to amend the follow | wing: | | | |
| A. If amending name, enter the new name of t | the limited liab | ility company here: | | |
| NA | | | | |
| The new name must be distinguishable and contain the wo | rds "Limited Liabil | ity Company," the desig | nation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applica | ble: | NA | | |
| <u>Principal office address MUST BE A STREET</u> | ADDRESS) | | | 28 |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B | <i>0X</i>) | NA | E (| P III |
| | <u>,</u> | | .;: .;. | |
| 3. If amending the registered agent and/o registered agent and/or the new registered offi | | | ir records, <u>enter t</u> | he name of the |
| Name of New Registered Agent: | NA | | | |
| New Registered Office Address: | | | | |
| | - | Enter Florida : | street address | |
| | | | Florida | |
| | | Cuy | | 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

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| | 12/12/2 | 2018 | | | |
| ective date, if other than the reffective date is listed, the date mu | e date of filing: | prior to date of filing | or more than 90 day | (optional) | suant to 605 |
| te: If the date inserted in this becament's effective date on the D | lock does not meet the ap | plicable statutory | Tiling requiremen | ts, this date will | not be liste |
| record specifies a delayed The 90th day after the rec | | ; not an effecti | ve time, at 12 | :01 a.m. on | the earlie |
| 12/12 | 2018 | / | | | |
| ted | • | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00