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# **COVER LETTER**

Divi	ision of Corp	porations					
ennanter.	4PRO INTERNATIONAL BASEBALL ACADEMY LLC						
SUBJECT		Name of Limited Liability Company					
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for tiling.				
Please return	all correspor	idence concerning this matter	to the following:				
		CARLA ALTUVE					
			Name of Person				
			Firm/Company				
		3240 PRESERVE DR					
			Address				
		ORLANDO, FL 32824					
			City/State and Zip Code	<del></del>			
		E-mail address: (	to be used for future annual report noti	ication)			
For further in	nformation ed	oncerning this matter, please ca	all:				
CARLA AL			407 7738035 at () Area Code Daytime				
_	Name of	Person	Area Code Daytim	: Telephone Number			
Enclosed is a	check for th	e following amount:					
■ \$25.00 F	iling 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 cadditional copy is enclosed)			

MAILING ADDRESS:

Registration Section

TO:

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

### 4PRO INTERNATIONAL BASEBALL ACADEMY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 05/14/2018 The Articles of Organization for this Limited Liability Company were filed on \_ and assigned Florida document number L18000120760 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

### 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.

Circ

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

Title	<u>Name</u>	Address	Type of Action
MGR	LEOCINETT URBINA MARQUE	3240 PRESERVE DR	
		ORLANDO, FLORIDA 32824	□ Remove
			☐ Change
			□ Add
			Remove
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ote: If the	date, if other than the date we date is listed, the date must be sp he date inserted in this block do's effective date on the Departn	ies not incet the applic	able statutory filing re	(optional) than 90 days after filing equirements, this date	) (a) Pursuant to 605.020 (will not be listed as
	d specifies a delayed effe ith day after the record is		t an effective tim	e, at 12:01 a.m.	on the earlier o
nted	15 OCTOBER	2019			
		Carla Alhore			
	Signat	ure of a member or author	orized representative of a	i member	

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Filing Fee: \$25.00