## 118000139628

| (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: |  |  |  |  |  |
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## **COVER LETTER**

| TO:  | Registration Se<br>Division of Cor |   |   |  |  |
|--|------------------------------------|---|---|--|--|
| CUBIE                                      |                                    | L Tyrone OPCO LLC                               |   |  |  |
| SUBJECT: Name of Limited Liability Company |                                    |   |   |  |  |
| The enci                                   | losed Articles of                  | Amendment and fee(s) are sub-                   | mitted for filing.  |  |  |
| Please re                                  | eturn all correspo                 | ndence concerning this matter                   | to the following:   |  |  |
|  |                                    | Stephen Jones                                   |   |  |  |
|  |                                    |   | Name of Person  | <u> </u>   |  |
|  |                                    | MVP Holdings LLC                                |   |  |  |
|  |                                    |   | Firm/Company  |  |  |
|  |                                    | 4343 Anchor Plaza Parkwa                        | ay, Suite I   |  |  |
|  |                                    | <del></del>                                     | Address   |  |  |
|  |                                    | Tampa, FL 33634                                 |   |  |  |
|  |                                    | <del> </del>                                    | City/State and Zip Code   | <del></del>  |  |
|  |                                    | sjones@mvpholdings.com                          |   |  |  |
|  |                                    | E-mail address: ()                              | to be used for future annual report notif                                 | ication)   |  |
| For furth                                  | er information c                   | oncerning this matter, please ca                | all:  |  |  |
| Stephen                                    |                                    |   | 813 262-1206 ext  | t. 166<br>e Telephone Number   |  |
|  | Name o                             | i Person  | Area Code Daytime   | e Telephone Number   |  |
| Enclosed                                   | I is a check for th                | ne following amount:                            |   |  |  |
| \$25.                                      | 00 Filing Fcc                      | □ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55,00 Filing Fee &<br>Certified Copy<br>(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 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 Tyrone OPCO LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{06/07/2018}{1}$ and assigned Florida document number L18000139628 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 "L.C." or the abbreviation "L.L.C. 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 , Florida

## 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.

Cin

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          | Robert D. Basham | 4343 Anchor Plaza Parkway, Ste I<br>Tampa, FL 33634 | ■ Add  |
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| ective date, if other than the date of filing: reflective date is listed, the date must be specific and cannot be prior to date of | (optional) of filing or more than 90 days after filing.) Pursuant to 605.020 |
| te: If the date inserted in this block does not meet the applicable standard the date on the Department of State's records.        |  |
|  |  |
| record specifies a delayed effective date, but not an e<br>he 90th day after the record is filed.                                  | effective time, at 12:01 a.m. on the earlier of                              |
| $\frac{3}{28}$ . $\frac{2019}{}$ .   |  |
|  |  |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00