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COVER LETTER

TO:	Registration Sc Division of Cor			
SUBJE	Play Ball F	L Tallahassee LLC		
SUBJE.	C1,	Name of Lim	ited Liability Company	
The cuc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturu all correspo	indence concerning this matter	to the following:	
		Stephen Jones		
		·	Name of Person	
		MVP Holdings LLC		
			Firm/Company	
		4343 Anchor Plaza Parkwa	·	
	Address			
		Tampa, FL 33634		
			City/State and Zip Code	
		sjones@mvpholdings.com		
		E-mail address: ()	to be used for future annual report notal	ication)
For furt	her information c	oncerning this matter, please ca	all:	
Stepher	n Jones		813 262-1206 ext	t. 166
	Name o	f Person		: Telephone Number
Enclose	d is a check for th	be following amount:		
\$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 (additional copy is enclosed)
	Registr	ING ADDRESS:	STREET/COURT Registration Section Division of Company	n

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Play Ball FL Tallahassee 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 $\frac{10/23/2018}{10/23/2018}$ ____ and assigned Florida document number L18000247673 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.

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 1 Tampa, FL 33634	≅ Add
			□ Remove
			☐ Change
			Add
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ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date of	(optional)
<u>e:</u> If the date inserted in this block does not meet the applicable stati	Tiling or more than 90 days after filing.) Pursuant to 605.0 utory filing requirements, this date will not be listed
ament's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an eff	fective time, at 12:01 a m, on the earlie
ne 90th day after the record is filed.	receive time, at 12.01 a.m. on the come
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Signature of a member or authorized rep	

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Filing Fee: \$25.00