

L190000 29238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

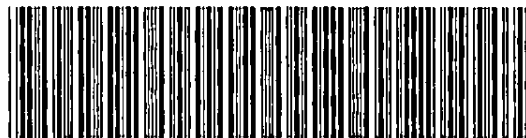
(Business Entity Name)

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2019 MAR -1 PM 12:05  
RECEIVED  
TALLAHASSEE, FLORIDA

MAR 09 2019  
CIRCLER



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Arbitration  
FDNRA Arbitrator  
Florida Supreme Certified  
Circuit Civil Mediator

*STW*  
**STEELE T. WILLIAMS, P.A.**

Attorney at Law  
Pineapple Place  
1381 Mcansh Square  
Sarasota, FL 34236-5620  
Ph: 941-378-1800  
SteeleTWilliams@comcast.net



2/26/2019

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

Re: 17<sup>th</sup> Street Softball, LLC

Dear Sir/Madam:

Enclosed is the Articles of Amendment to Articles of Organization of 17<sup>th</sup> Street Softball, LLC. Also enclosed is a check for \$25 for payment of the filing fee for this Amendment.

Respectfully submitted.

Very truly yours,

Steele T. Williams, Esquire

cc: Perry Pentz and Larry Phillips

2019 MAR -1 PM 12:00  
RECEIVED  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 17th Street Softball, LLC

\_\_\_\_\_  
Name of Limited Liability Company

2018 MAR -1 PM 12:05  
RECEIVED  
TALLAHASSEE FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steele Williams, Esq.

\_\_\_\_\_  
Name of Person

Steele T. Williams, P.A.

\_\_\_\_\_  
Firm/Company

1381 McAnsh Square

\_\_\_\_\_  
Address

Sarasota, FL 34236

\_\_\_\_\_  
City/State and Zip Code

SteeleTWilliams@comcast.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steele T. Williams

941

378-1800

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  
(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**

17th Street Softball, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2019 MAR -1 PM 12:06  
HALL COUNTY, FLORIDA  
CLERK OF CIRCUIT COURT

The Articles of Organization for this Limited Liability Company were filed on 1 28 2019 and assigned  
Florida document number L19000029238.

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 "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

*City*

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Perry Pentz		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 2/6 2019 Perry Pentz  
Signature of a member or authorized representative of a member  
PERRY PENTZ  
Typed or printed name of signer