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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: BIG TIME BASEBALL Name o	f Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	e submitted for tiling.
Please return all correspondence concerning this m	atter to the following:
Bryan S	Name of Person
BTB BASEBA	III ! Human Performance A cadeny LIC Firm/Company
1000 HOLL	AND DR 46 Address
BOCA RATOR bejo	City/State and Zip Code Ones 9 @ gmail · Com ress: (to be used for future annual report notification)
For further information concerning this matter, plea	ase call;
Bryan Jones Name of Person	at (954) 856-1574 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of State	
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 Tallabassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIGTIME BASE BALL & Human Performance Academy (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 Liabi Florida document number <u>L19 000 1417</u>		and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
BTB Baseball & Human Pe	erformance Academy LLC s"Limited Liability Company," the designation "LLC" or the s	thbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, <u>enter</u> e address here:	the name of the
New Registered Office Address:	Enter Florida street address	0
_	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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
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E. Effecti (If an effe	we date, if other than the date of filing:	5.0207 (3
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisent's effective date on the Department of State's records.	ed as th
docum	em seriective date on the Department of State S records.	
If the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli	er of:
	90th day after the record is filed.	
Dated	June 21 . 2019.	
	Han a	
	Signature of a member or authorized representative of a member	
	Bryan Jones Typed or printed name of signee	
	Typed or printed name of signee	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00