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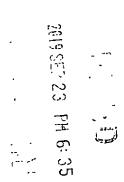
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BTB Baseball & Human Performance Academy LLO Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
By MM Jones Name of Person
Evolution Baseball Academy LLC
1000 Holland Dr. #6
BOCA Raton FL 33487 City/State and Zip Code
J-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bryan Jones at (954) 856-1574  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signature Solution So

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

STREET/COURIER ADDRESS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BTB Buseball & Human Performance Acadeshy2918
(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 \_\_\_(2 19 20) 9 Florida document number L 19000 147705 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EVOLUTION BASEBALL ACADEMY LLC
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 City

## 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>	Address	Type of Action
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reffective date is list te: If the date ins	ther than the date of filing:
record specifi he 90th day a	es a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlien ifter the record is filed.
ed_Septer	nber 19 2019
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00