## L19000161845

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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2019 NOV -6 PH 4: 56

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## **COVER LETTER**

Division of Corporations
SUBJECT: Michael Burgess Hitting Academy 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:
Michael Durgess Name of Person
Michael Burgest Hitting Academy
1717 E Busch Blyd Address
Tampa, FL 37612  City/State and Zip Code  Burgess. Baschall a amail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Surges S at (813) 455-7578  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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



October 10, 2019

MICHAEL BURGESS 1717 E BUSCH BOULEVARD UNIT 909 TAMPA, FL 33612

SUBJECT: MICHAEL BURGESS BASEBALL/SOFTBALL ACADEMY LLC

Ref. Number: L19000161845

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pages 2 and 3 are missing.

The current name of the entity is as referenced above. Please correct your document accordingly.

The entity's date of incorporation/organization must be listed in the document.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

mail to

Letter Number: 219A00020914

www.sunbiz.org

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Michael Buce (Name of the Limited)	SS Liability Compa Florida Limited	ny as it now appears Liability Company)	on our records.)	Academ	y Lic
The Articles of Organization for this Limited Liabin Florida document number 1900 184  This amendment is submitted to amend the following name, enter the new name of the following name must be distinguishable and contain the word	ing:  Le limited liab  Hina	ility company her  Academy	<u>e:</u> LLC	7 209 and a NO: -6 PH 4: 56 or the abbreviation	
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)		1717 E 1 Jampa,	31vd FL 330	inu Sli	<del>† 909</del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	1717 E	Elva Elva	312 vni	7909
B. If amending the registered agent and/or registered agent and/or the new registered offic			our records,	enter the nam	e of the new
Name of New Registered Agent:  New Registered Office Address:	1717	E Rlyd Enter Florid	da street address		
	Tam	City	, Flori	ida <u> </u>	<u> </u>

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
MCR	Michael Burgers	1717 E busch blud	<b>≝</b> Add
		Tampa FL 33612	□ Remove
		<del></del>	☐ Change
			Remove
		□ Change	
			Add
			☐ Remove
	<del></del>	☐ Change	
			□ Add
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Dated	10)22)19
	Signature of a member or authorized representative of a member
	Michael Burgess Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00