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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	_

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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
HAWKST	TRAVEL BASEBALL, LLC			
SUBJECT:			•	
	Name of Lim	ited Liability Company		
The anclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
The enclosed Afficies of	Amendment and rec(s) are suo	minica for thing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Scott Berger			
		Name of Person		
	HAWKS TRAVEL BASE	BALL, LLC		
		Firm/Company		
	11235 NW 82nd Place			
		Address		
	Parkland, Florida 33076			
City/State and Zip Code				
	scott_berger@bellsouth.ne	t		
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Scott Berger		954 6751418		
		at ()		
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he 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		<u>Street Address:</u> Registration Se	ection	
Division of C	•	Division of Co		
P.O. Box 632		The Centre of 1		
Tallahassee,	r に 32314	∠4+10 IN. MONTO	e Street, Suite 810	

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

HAWKS TRAVEL BASEBALL, LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited F	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabile	ity Company," the designation "LLC" or the abbreviation "LLC."	_		
Enter new principal offices address, if applicable:	DEAN STEPHENS			
(Principal office address MUST BE A STREET ADDRESS)	5242 NW 40th Street			
	ew principal offices address, if applicable: 52.42 NW 40th Street			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new regist	<u>ered</u>		
New Registered Office Address:		_		
	Enter Florida street address	istered		
	Planta.			
New Registered Agent's Signature, if changing Registered Agent:	. Florida Zip Code	_		

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
AMBR	DEAN STEPHENS	5242 NW 40th Street, Coconut Creek, Fl 33073	
			= Add
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			□ Change
			🗆 Add
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ffective date, if other than the an effective date is listed, the date in this locument's effective date on the interest of the date.	ust be specific and block does not m	cannot be prior: eet the applica	o date of filing or ble statutory fi	more than 90 day ing requirement	optional) s after filing.) Pursu s. this date will n	ant to 605.0207 of be listed as
record specifies a delayed effecti d is filed.	ve date, but not a	an effective tir	ne, at 12:01 a.n	n. on the earlier	of: (b) The 90th	day after the
January 7		2020				
			1			
	Signature of a m	nember or autho	vzed representati	ve of a member		

Filing Fee: \$25.00