

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **WILKIN RAMIREZ BASEBALL ACADEMY, LLC**

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:

WILKIN RAMIREZ

Name of Person

WILKIN RAMIREZ BASEBALL ACADEMY, LLC

Firm/Company

1825 NW Corporate Blvd, Suite 110-E92,

Address

Boca Raton, FL 33431

City/State and Zip Code

info@wramirezenterprises.com

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

For further information concerning this matter, please call:

WILKIN RAMIREZ

561 726-1047
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WILKIN RAMIREZ BASEBALL ACADEMY, LLC

2023 OCT 31 AM 7:21

(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 01/16/2020 and assigned
Florida document number L20000023185.

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)

1825 NW Corporate Blvd, Suite 110-E92,

Boca Raton, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1825 NW Corporate Blvd, Suite 110-E92,

Boca Raton, FL 33431

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:

WILKIN RAMIREZ

New Registered Office Address:

5731 Autumn Ridge RD,

Enter Florida street address

LAKE WORTH,

City

Florida 33463

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

Title	Name	Address	Type of Action
MGR	KARAINÉ SOTO	4414 BERKSHIRE WHARF DRIVE, LAKE WORTH, FL, 33461	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(h)

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.

OCTOBER 18TH 2023

Dated _____

Wilkin Ramirez

Signature of a member or authorized representative of a member

WILKIN RAMIREZ

Typed or printed name of signee