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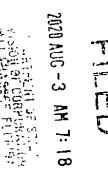
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	egistration Sec ivision of Corp			
	Divergent S	oftball Group LLC		
SUBJECT	:	N	led Liability Company	
		Name of Limi	led Liability Company	
The enclos	ed Articles of A	amendment and fee(s) are subt	nitted for filing.	
Please retu	m all correspor	dence concerning this matter t	o the following:	
			Brian T. Travis Sr.	
			Name of Person	
			Divergent Softball Group	
			Firm/Company	
			13241 Vennetta Way	
			Address	
			Windermere, FL 34786	
			City/State and Zip Code btrav81@live.com	
		E-mail address: (	to be used for future annual report no	tification)
For further	r information co	oncerning this matter, please ca		
Brian T.	Fravis		407 446-1800	
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed i	is a check for th	e following amount:		
<b>■ \$</b> 25.0	0 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 Addres Registration S		Street Address: Registration S	Section
	Division of C		Division of C	
	P.O. Box 632	-	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Divergent Softball Group L.L.C.

(CVAINT OF CITY ESTATE OF	Liability Company as it now appears on our records.	520
The Articles of Organization for this Limited Lial  Florida document number		and assigned
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B		
		he name of the new registered
		he name of the new registered
agent and/or the new registered office address	here:	he name of the new registered

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 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
MGR	Brian T. Travis	13241 Vennetta Way Windermere, FL 34786	■Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Remove
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Effective date, if other th	an the date of filin	07/01/2020 ng:		(option	ıal)
If an effective date is listed, the Note: If the date inserted in	date must be specific an	d cannot be prior to	o date of filing or mor	e than 90 days after fi	ling ) Pursuant to 605 02
document's effective date o	on the Department of	State's records.	ore standary ming	requirements, tilis (	date will not be listed to
e record specifies a delayed or rd is filed.	effective date, but no	t an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
July 29		2020			
Dated		,		$\wedge$	<i>*</i>
	\	>		A CONTRACT	The state of the s
	Signature of a	member or author	ized representative of	a member	114,0
<u> </u>	•			R Lidolars	

Filing Fee: \$25.00