## L20000218845

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

Division of Cor			
Ballers Ent			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Diana Cruz		
		Name of Person	
		Firm/Company	
	1470 NE 123rd Street, #14	10	
		Address	
	N. Miami, FL 33161		
	diana33015@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Diana Cruz		786 201-3224 at ()	
Name (	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	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 Addre	ss:	Street Address:	

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

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

Ballers Ent.Com LLC	<u> </u>	
( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	is it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we	re filed on July 24, 2020	and assigned
Florida document number L20000218845		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
Ballers Ent Dot Com LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
<u> </u>		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
_		
3. If amending the registered agent and/or registered office add	ress on our records, enter the nam	<u>e of the new registe</u>
gent and/or the new registered office address here:		<del></del>
		-
Name of New Registered Agent:		)
Contract tradestrant (Party)		<u> </u>
New Registered Office Address:	Enter Florida street address	
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	, Florida	
	City	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 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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			□Remove
			🗀 Add
			□Remove
			□Change
			□Add
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ffective date, if other than the an effective date is listed, the date m	ist de specific and	i cannot be prior	io gate of minig of	more man yo days i	after filing ) Pursuar	nt to 605.0207
Note: If the date inserted in this locument's effective date on the	block does not r Department of S	neet the applications.	ible statutory fil	ing requirements,	this date will not	be fisted as
record specifies a delayed effect l is filed.	ve date, but not	an effective ti	me, at 12:01 a.m	on the earlier of	f: (b) The 90th d	ay after the
March 19		2021	<u> </u>			
Pated March 19  What win	Ci					
<del></del>	Singatura of a	mamber or auth.	rized representati	ve of a member		
	Signature of a	member or autoc				

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Filing Fee: \$25.00