

L200000231379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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S. PRATHER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ORLANDO CITY BASEBALL DREAMERS, 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:

JIM SCHNORF
Name of Person

ORLANDO CITY BASEBALL DREAMERS, LLC
Firm/Company

531 ESTATES PLACE
Address

LONGWOOD, FL 32779
City/State and Zip Code

j.schnorf@wsscapiatl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JIM SCHNORF at (407) 435-7163
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SP4110-1

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>	<u>Address</u>	<u>Type of Action</u>
MGR	RUTH WILLIAMS	375 DUBSDREAD CIRCLE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32804	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAT WILLIAMS	375 DUBSDREAD CIRCLE	<input type="checkbox"/> Add
		ORLANDO, FL 32804	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

11/29/24

Signature of a member or authorized representative of a member

Typed or printed name of signee

2001-1-1602