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COVER LETTER

TO: Registration Se Division of Cor					
CBU. LLC	:				
	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Addison Maruszak				
		Name of Person			
		Firm/Company			
11803 Nicktaus Circle					
		Address	·		
	Tampa, FL 33624		_		
	addison@baseballuniversit	-			
Kar further information		to be used for future annual report notal	ication)	20	
Addison Maruszak	concerning this matter, please c	an. 727 366-7895		2021 AUS 20 Talla	- True
Name o	of Person	Area Code Daytime	Telephone Number		7.7 3
Enclosed is a check for t	he following amount:			PH 2:	フ
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	ng Fee;	

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

CBU, LLC				
(<u>Name of the Limited Lial</u> (A Ffor	bility Company as it now appears on our records.) rida Limited Liability Company)			
The Articles of Organization for this Limited Liability		and	assigne	:d
Florida document number L20000347940				
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	imited liability company here:			
The new name must be distinguishable and contain the words "L	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 AD)	DRESS)		202	_
		1	 	
		<u></u>	-55	
Enter new mailing address, if applicable:			20	** ** ***
(Mailing address MAY BE A POST OFFICE BOX)			T.	3 \$
www.company			.; <u>.</u>	
		.7		
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, <u>enter the na</u> <u>e</u> :	me of the	new res	gistered
	_			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address	-1-1		
	, Florida			
 -	City	Zin Co	de	

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

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>	Name	Address	Type of Action
MGR	JAMES B NICHOLAS	6500 NE 21ST RD FORT LAUDERDALE, FL 3330	S _ □Add
			Remove
MOD			_ □Change
MGR	NICHOLAS B JAMES	6500 NE 21ST RD FORT LAUDERDALE, FL 33300	8 _ ■Add
			_□Remove
			_ 🗆 Change
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		TAIL.	_□Remove
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ective date, if other than the date of filing:			(optional)	
n effective date is listed, the date must be specific and cannote: If the date inserted in this block does not meet				
cument's effective date on the Department of State'	's records.			
ecord specifies a delayed effective date, but not an e is filed.	ffective time, at 1	2:01 a.m. on the earl	lier of: (b) The 9	0th day after the
is filed.				
, 08/17/2021				
ted	<u> </u>			
Addison Maruszak Signature of a member				

Filing Fee: \$25.00