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Office Use Only



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A. BUTLER MAR 15 2022

COVER LETTER

	egistration Se ivision of Cor			
SUBJECT	. Horida Gol	ld Glove Academy		
SUBJECT	-	Name of Lin	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	united for filing	
		ondence concerning this matter	-	
		Dean Kanganis		
			Name of Person	
		Florida Gold Glove Acade	my	
			Firm/Company	
		304 8 Ketch Drive		
			Address	 .
		Sunrise, FL, 33326		
			City/State and Zip Code	
		kanganis.dean@gmail.com		
For further	information a	E-mail address: (concerning this matter, please c	to be used for future annual report noti	ification)
Dean Kang		oncerning this matter, please c	717 599-2633	
		of Person		ne Telephone Number
	rame o	r r cison	Area Code Daytim	ie Telephone Number
Enclosed is	a check for th	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)
Re	ailing Addres	_	Street Address: Registration Se	
P .	O. Box 632	2.7	Division of Cor The Centre of T	•
Ta	allahassee, i	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2022 HAR -4 AM 9: 13

(Name of the Limited Liability Company as it now appears on our records) ASSEE, F
(A Florida Limited Liability Company) ALLFOR The Articles of Organization for this Limited Liability Company were filed on January, 4, 2021 ____ and assigned Florida document number 1.21000012825 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Diamond Glove Academy LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 304 S Ketch Drive, Sunrise, FL, 33326 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 304 S Ketch Drive, Sunrise, FL, 33326 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

Florida Gold Glove Academy

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

Enter Florida street address

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>	Type of Action
			□Add
			□Remove
			□Change
			□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
			□Remove
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		_	□Remove
			□Change

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(If an e Note:	ve date, if other than the date of filing:
the re	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
The	
: The	February 25 2022
) The	
) Th	,