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Office Use Only



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COVER LETTER

TO:

Registration Section **Division of Corporations**

SUBJECT: LHB BAS	EBALL ACADEMY, LLC		
	Name of L	imited Liability Company	
The enclosed Articles of	Amendment and fee(s) are st	abmitted for filing.	
	ondence concerning this matte		
	EISLER L. HERNANDE	ZZ	
		Name of Person	
	LHB BASEBALL ACAI	DEMY, LLC	
		Firm/Company	
	10 CANAL STREET		
		Address	
	MIAMI SPRINGS, FL 33	3166	
		City/State and Zip Code	
	E mail add.		
For further information co	oncerning this matter, please o	(to be used for future annual report no	ufication)
EISLER L. HERNANDE			
	Z	at () Area Code Daytin	
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address: Registration Se Division of Cor The Centre of T	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LHB BASEBALL ACADEMY, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 6/10/2021	and assigned
Florida document number L21000271108		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabii	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		; «U)
Principal office address MUST BE A STREET ADDRESS)		
		သ
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		5;
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	eddress on our records, enter the records enter the re	name of the new regis
	, 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 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>	Address	Type of Action
AMBR	EISLER L. HERNANDEZ	10 CANAL STREET	∃ Add
		MIAMI SPRINGS, FL 33166	——————————————————————————————————————
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ecord specifies a delayed effect is filed.	ive date, but not a	n effective time,	, at 12:01 a.m. o	the earlier of: (b)	The 90th day after the
ted August 19	 .	2021			
	/				

Filing Fee: \$25.00