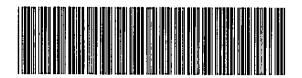
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COVER LETTER

	tegistration Se Division of Cor			
SUBJECT	On Deck Ba	aseball Academy LLC		
SUBJEC	· ·	Name of Lim	ited Liability Company	
The enclose	sed Articles of	Amendment and fcc(s) are sub	mitted for filing.	
Please retu	irn all correspo	ondence concerning this matter	to the following:	
		John Henry Dio III		
			Name of Person	
		Dio Creative LLC		
		·	Firm/Company	
		411 Walnut Street		
			Address	
		Green Cove Springs, Flori	da 32043	
			City/State and Zip Code	
		@gmail.com E-mail.address: (to be used for future annual report notif	fication)
For furthe	r information c	oncerning this matter, please c		·
John Henry Dio III		928 221-3432 at ()		
	Name o	t Person	Area Code Daytimo	e Telephone Number
Enclosed i	is a check for th	ne following amount:		
■ \$25.0	0 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)
	<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	ction
	Division of C		Division of Cor	

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

On Deck Baseball Academy LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears Jability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000372472</u>	were filed on 8/15	9/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :	
Dio Creative LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	esignation "LLC" or the abbre	viation "L.1.,C."
Enter new principal offices address, if applicable:		·	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our re	Ecords, enter the name of	FILED
New Registered Office Address:	Enter Flori	ida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of i provided for in C	my duties, and I am fan 'hapter 605, F.S. Or, if i	illiar with and his document is

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
			□Add
			☐ Change
		<u> </u>	□Add
		•	□Remove
			□Change
			□Remove
			□Add
			□Remove
			Change
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Effective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block locument's effective date on the Depart	does not meet the app	licable statutory ((o] or more than 90 days a filing requirements,	ptional) fler filing.) Pursuant to this date will not be	605.0207 (listed as t
record specifies a delayed effective dad is filed.	ite, but not an effectiv	e time, at 12:01 a	.m. on the earlier of	(b) The 90th day	after the
1st of December	2022	·			
(O 11					_
(]	nature of a member or a	athorized representa	itive of a member		
John Henry Dio III					

Filing Fee: \$25.00