121000427845

(Requestor's Name)				
	(Address)			
(Address)				
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
(Business Entity Name)				
(Document Number)				
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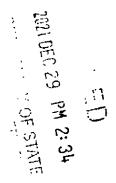
A. RIVERS

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COVER LETTER

TO: Registration Sc Division of Cor			
	oftball, LLC		
SUBJECT:	Name of Lin	nited 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:	
	Candace Pollard		
		Name of Person	
	Tax Professional Services,	LLC	
		Firm/Company	
	1105 W Maple Ave		
		Address	······································
	Geneva, AL 36340		
		City/State and Zip Code	
	candace.pollard@taxprolle.		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti all:	fication)
Candace Pollard		334 684-6398	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	porations
P.O. Box 632		The Centre of T	
Tallahassee. I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southeastsoftball, LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited I Florida document number $\frac{L21000427845}{L21000427845}$	Liability Company	were filed on Septem	ber 29, 2021	and ass	igned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ation "LLC" or the ab	breviation "L.	L.C."
Enter new principal offices address, if applicable:		N/A			
Principal office address MUST BE A STRE					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	N/A			
B. If amending the registered agent and/or agent and/or the new registered office address.	• •		ds, enter the nam	e of the nev	v register
Name of New Registered Agent:					
New Registered Office Address:	2608 Parrish St	till Road Enter Florida s	tuant a ldvar-	<u> ب ب</u>	
	Vernon	Enter Florida s.	Florida 32	PH 2: 이덕	Ö
		City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			Ti -	

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	Mckenzie Faison	2608 Parrish Still Road	≣ Add
		Vernon, FL 32462	□Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
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. If amending any other information	on, enter change(s) here:	(Attach additional s	heets, if necessary.)	

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	•			
				* · · · · · · · · · · · · · · · · · · ·
Effective date, if other than the d (If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicab	date of filing or more that le statutory filing requ	optional) n 90 days after filing.) Pursuirements, this date will n	iant to 605.0207 (3)(of be listed as the
the record specifies a delayed effective coord is filed.	late, but not an effective tim	e, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
Dated November 29	2021	<u>.</u> •		
	50			
Si	gnature of a member or authori	zed representative of a me	ember	
	Shaina B Pre	vatt		

Filing Fee: \$25.00