L22000017735

(Requestor's Name)
(Address)
(Address)
(louisss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(200000 2)
(Document Number)
Certified Copies Certificates of Status
[
Special Instructions to Filing Officer:

Office Use Only



300382911563

03/07/22--00049--048 +•60.00

2022 HAR -7 AM 6: 35 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 2 PLAYBALL TAMPA LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
JASON R. FORMS Name of Person
Firm/Company
2623 SEVILLE BLUD UNIT 103
CLEARWATER FL 33764 City/State and Zip Code Jason C playball tampa. com E-mail suddress: (to be used for future annual report notification)
E-mail@ddress: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person at (317) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 ED

0 7, 4, 124		2022 MAR -7 AM 6: 35
· PLAYBALL	- IAMPA	المجالية في المجالة الم
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now apperimited Liability Company	ars of AUTOCOPAS) UP SIAIE
		2/4/22
The Articles of Organization for this Limited Liability Cor	mpany were filed on _	2/16/22 and assigned
Florida document number L2200067773	55	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed li <u>ability company</u> [<u>here</u> :
PLAYBALL TAMPA	t 1-1-C-	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE		
Trinegal office address Moot be from Est to but		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
muning unaress MAT BE AT OST OFFICE BONG		·
B. If amending the registered agent and/or registered of	office address on our	records, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
isew registered office Address.	Enter Fl	orida street address
		. 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
			□Remove
			Change
		_	□ Add
			Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			
	<u>.</u>		□Add
			□Remove
			Change
			□Remove
			□Change

_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
Note: 1	tive date, if other than the date of filing:
ne record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated_	3/1/22 MARCH 1. 2022
	Signature of a member or duthorized representative of a member
	JASON R FORMS Typed or printed name of signee

Filing Fee: \$25.00