

L220000158912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

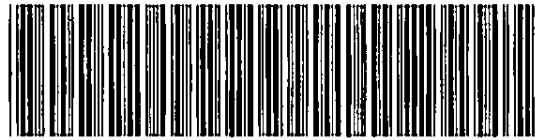
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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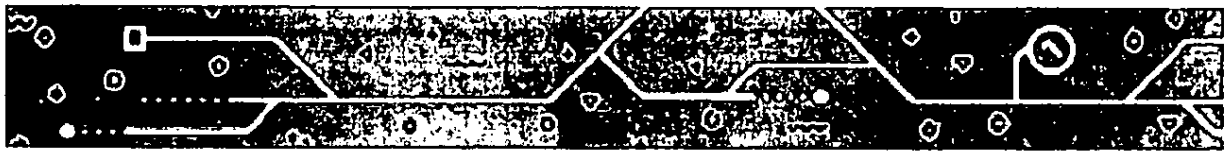
11/18/23 -- 01000 -- 020 *\$21.00

FILED

2022 NOV 18 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FL

m.v.w
2/2/23



zenbusiness

Nov 4, 2022

Florida Secretary of State
Division of Corporations
2415 N Monroe St Suite 810
Tallahassee, FL 32303

RE: FLGC Travel Baseball LLC

To Whom It May Concern:

Attached please find the executed **ARTICLES OF AMENDMENT** for the above referenced.
Please review and file the attached document on a routine basis. Please note that this document is
signed with a conformed signature.

PLEASE DO NOT INCLUDE THIS COVER PAGE IN THE FILING EVIDENCE.

Once completed please forward the filed confirmation or notification to the address listed
below:

ZenBusiness Inc

336 E College Ave, Ste 301

Tallahassee, FL 32301

If you have any questions, please feel free to contact me at 844-493-6249 or at
fulfillment@zenbusiness.com.

Thank you.

ZenBusiness Customer Success

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLGC Travel Baseball LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

ZenBusiness Inc.

Firm/Company

336 E College Ave, Ste 301

Address

Tallahassee, FL 32301

City/State and Zip Code

fulfillment@zenbusiness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Megan F. 844 493-6249

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated November 3 2022

/s/ Joseph Albanese

Signature of a member or authorized representative of a member

Joseph Albanese

Typed or printed name of signee

Filing Fee: \$25.00