K22000258260

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(Address)	
(Address)	
(City/State/Zip/Phone #)	
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(Document Number)	
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COVER LETTER

TO: Registration Division of	n Section Corporations	م بدر مم	ar".
Amend	ment to Articles of Organization	3 √	•
SUBJECT:		ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Jacilyn Jolly		
		Name of Person	-
	Integritas Counsel		
		Firm/Company	
	P.O. Box 107856		
		Address	
	Tampa, FL 33679		
		City/State and Zip Code	
	E-mail address: (i	to be used for future annual report noti	fication)
For further information	on concerning this matter, please ca	all:	
Jacilyn Jolly		813 417-4093	
Nar	ne of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fed	_	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 OF

2022 AUG -5 AH 8: 07

Play Ball Maryland Ellicott City, LLC	
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records:)
The Articles of Organization for this Limited Liability (Florida document number L.22000258260	Company were filed on June 6. 2022 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida 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 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>	<u>Address</u>	Type of Action
AMBR	Steven Dimitrijevich	4343 Anchor Plaza, Suite I	
		Tampa. FL 33634	□Remove
			□Change
AMBR	Kenneth Russo	4343 Anchor Plaza, Suite 1	\equiv Add
		Tampa, FL 33634	□ Remove
			□ Add
			□ Remove
			□Change
			□Add
		 ,	□Remove
		 	□ Change
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			□Remove
			□ Change
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			□ Chong:

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Effective date, if other than the offerive date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be pock does not meet the ap	plicable statutory filin	(optional) ore than 90 days after filing.) g requirements, this date	Pursuant to 605.0207 (3) will not be listed as the
ne record specifies a delayed effective ord is filed.	date, but not an effective	ve time, at 12:01 a.m.	on the earlier of: (b) The	90th day after the
Dated August 4	, 2022	·		
/a/				

Typed or printed name of signee