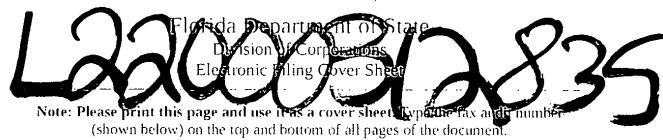
8/25/23, 10:22 AM

Division of Corporations



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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*



Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN<sup>\*\*</sup> BLUE ANGELS FASTPITCH LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu.

T. LEMIEUX
Help
AUG 2 9 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Angels Fastpitch LLC			
(Name of the Limited Liab (A Flor	ollity Company as it now appears on our records.) and Limited Liability Company)		
The Articles of Organization for this Limited Liability  Florida document number L22000312835	Company were filed on 07/13/2022	and assign	ned
this amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
Elite Softball, LLC			
he new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)		
		•	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			•••••
3. If amending the registered agent and/or register	red office address on our records. <u>enter the na</u>	me of the new r	egis
gent and/or the new registered office address here	:	623	
		<del></del>	
Name of New Registered Agent:		7)	
		, <u>(1)</u>	۲.
New Registered Office Address:		· <u>&gt;=</u>	C
	Enter Florida street address	- <u>1</u> 4	
	, Florida _	Zip Cede	
	, Florida	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.

8/25/2023 07:44:44 PDT-

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Page: 3/4

From Registered Agents Inc.

Fax: 813436

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	Aggie Hana Chambers	7901 4TH ST N STE 300	<b>X</b> :Add
		ST. PETERSBURG, FL 33702	□Remose
			_ El Change
AMBR	AshleyNicole Chambers	7901 4TH ST N STE 300	<b> X</b> ≀Add
		ST. PETERSBURG, FL 33702	□Remove
		<del>-</del>	∐Change
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te: It the date inserted in	an the date of filing:  ate must be specific and cannot be this block does not meet the the Department of State's re	applicable statutory fil	more than 90 days after fiting.) ing requirements, this date w	Pussiant to 605,020 riff not be listed as
ecord specifies a delayed e is filed.	ffective date, but not an effec	rtive time, at 12:01 a.m	, on the earlier of: (b) The	90th day after the
ted	2023			
$\overline{\mathcal{H}}$	-4	<u> </u>	re of a member	

Typed or printed name of signee