

L23000126058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

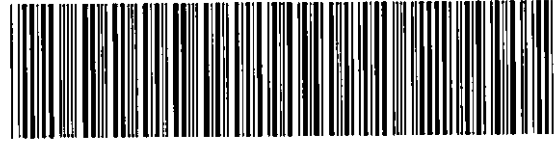
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2023 APR 10 AM 9:16
CLERK OF STATE
TALLAHASSEE, FL

RECEIVED
2023 APR -6 PM 2:33
ALLIANCE, LLC

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MARLINS BATTLING CAGES AND SPORT TRAINING LLC

Please Debit 120000000257 For: 30

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature

Requested by: SETH

04/04/23

Name

Date

Time

Walk-In _____

Will Pick Up _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MARLINS BATTING CAGES AND SPORT TRAINING 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:

JAVIER DIAZ

Name of Person

GLOBAL ACCOUNTING & FINANCIAL GROUP INC

Firm/Company

12701 S JOHN YOUNG PKWY, SUITE 217

Address

ORLANDO, FL 32837

City/State and Zip Code

ACCOUNTING@GLOBALAFGROUP.COM

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

For further information concerning this matter, please call:

JAVIER DIAZ

407 286-0721

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2023

CAPITAL CONNECTION

SUBJECT: MARLINS BATTLING CAGES AND SPORT TRAINING LLC
Ref. Number: L23000126058

We have received your document for MARLINS BATTLING CAGES AND SPORT TRAINING LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page (3) of the Articles of Amendment.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 123A00007910

RECEIVED
2023 APR 10 PM 2:21
ALL INFORMATION

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2023 APR 10 AM 9:16

MARLINS BATTING CAGES AND SPORT TRAINING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on MARCH 06TH and assigned
Florida document number L23000126058

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2167 ORINOCO DRIVE, SUITE 132

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32837

Enter new mailing address, if applicable:

1201 MUZANO ST

(Mailing address MAY BE A POST OFFICE BOX)

UNIT A217

KISSIMMEE, FL 34741

B. If amending the registered agent and/or registered 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:

DIEGO JESUS DURAN RIVAS

New Registered Office Address:

1201 MUZANO ST UNIT A217

Enter Florida street address

KISSIMMEE

City

Florida 34741

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.

151

DIEGO DURAN

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>	<u>Address</u>	<u>Type of Action</u>
MGR	DURAN RIVAS DIEGO J	1201 MUZANO ST UNIT A217	<input type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	DURAN DIEGO	1201 MUZANO ST UNIT A217	<input type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	APARICIO MAESTRE YEZYLEN	1201 MUZANO ST UNIT A217	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
2023 APR 10 AM 9:16
CLERK OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: APRIL 6TH (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 APRIL 06TH, 2021

151 DIEGO DURAN
Signature of a member or authorized representative of a member

DIEGO J DURAN RIVAS
Typed or printed name of signee