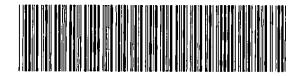
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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO:

TO: Registration S Division of Co			
	Athletics Baseball Training LLC	•	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	David M. Flores		
		Name of Person	
	Walk-off Athletics Basebal	II Training LLC	
		Firm/Company	
	4212 Central Sarasota Pkw	y Apt 1521	
		Address	
	Sarasota FL, 34238		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	Walkoffbaseballtraining11@	🗓 gmail.com	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please ca	all:	
Melinda Flores		941 7262117	
Name	e of Person	at ()	ne 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 Add		Street Address:	action
Registration Section Division of Corporations		Registration So Division of Co	
P.O. Box 6	•	The Centre of	-
	e, FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

·	
ny as it now appears on our recor liability Company)	<u>rds.</u>)· ,
were filed on 01/03/2024	and assigned
ility company here:	
lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
4212 Central Sarasota Pkwy Unit 1521 1521	
Sarasota FL.34238	
4212 Central Sarasota Pkwy Sarasota FL, 34238	Unit 1521
address on our records, ente	er the name of the new register
Enter Florida street addi	
City ,	Florida Zip Code
	ity Company here: ity Company," the designation "LI 4212 Central Sarasota Pkwy Sarasota FL,34238 4212 Central Sarasota Pkwy Sarasota FL, 34238 Address on our records, enter

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>	Address	Type of Action
MGR	Joshua A Wiłcox	41794 LEILA VERDE	□Add
		MURRIEΓA, CA 92562	Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Change
			🖸 Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			□Remove
			□Change

_	

	11/05/2024
f an effect	e date, if other than the date of filing:
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at selfective date on the Department of State's records.
documer	it selective date on the Department of State 3 records.
a 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
rd is filed	
Dated _	11/05/2024 2024.
	i IM Vida had In
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00