

To:

Page: 1 of 4

2024-10-31 12:10:18 UTC+14

18506176383

From: ZenBusiness User

10/30/24, 5:01 PM

Division of Corporations

H240003624813

L240003624813

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000362481,3)))



H240003624813ABC

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

FILED
2024 OCT 31 PM 4:03
TALLAHASSEE FL 32301
SECRETARY OF STATE

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

Email Address: _____

RECEIVED

2024 OCT 31 AM 11:08

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TORREYES WARRIORS BASEBALL LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

K. SALY

NOV - 1 2024

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Corporate Filing Menu

Help

H240003624813

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Torreyes Warriors Baseball LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/1/2024 and assigned
Florida document number 1,24000203970.

This amendment is submitted to amend the following:

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

73 Baseball Collection LLC

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:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

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 Changing Registered Agent, Signature of New Registered Agent

H24000362481.3

To:

Page: 3 of 4

2024-10-31 12:10:18 UTC+14

18506176383

From: ZenBusiness User

H24000362481 3

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> |
|--------------|-----------------------------------|---------------------------|--|
| AMBR | Ronald Aleides Torreyes Solorzano | 10012 Sage Creek Dr | <input type="checkbox"/> Add |
| | | Sun City Center, FL 33573 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |

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2024 OCT 31 PM 4:04
SEC. OF STATE
TALLAHASSEE, FL 32310

H24000362481 3

To:

Page: 4 of 4

2024-10-31 12:10:18 UTC+14

18506176383

From: ZenBusiness User
H24000362481 3

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

Purpose should be alter to read as follow:

Buy, sell and collect sports cards, memorabilia and collectibles.

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2024 OCT 31 PM 4:04
TALLAHASSEE FL 32301

E. Effective date, if other than the date of filing: _____ (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 10/30 2024

/s/ Gary Roy Ortiz

Signature of a member or authorized representative of a member

Gary Roy Ortiz

Typed or printed name of signee

H24000362481 3

Filing Fee: \$25.00