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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: CFL PRO | SPECTS B | ASEBALL INC | |
|--|--|--|--|
| DOCUMENT NUMBER: N14000067 | 715 | | |
| The enclosed Articles of Amendment and fee are subm | itted for filing. | | |
| Please return all correspondence concerning this matter | to the following: | | |
| JOSE RAMIREZ | C | | |
| | Name of Contact Person | .) | |
| (| Name of Contact Person | 3) | |
| | · · · · · · · · · · · · · · · · · · · | | |
| | (Firm/ Company) | | |
| 2027 LACIE JO LN | | | |
| | (Address) | | |
| KISSIMMEE, FL 34743 | | | |
| (| City/ State and Zip Code | e) • | |
| RVRTAX@H | OTMAIL.C | OM | |
| E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please c | all: | | |
| JOSE RAMIREZ | 40 7 | 791-9866 ode & Daytime Telephone Number) | |
| (Name of Contact Person) | (Area Co | ode & Daytime Telephone Number) | |
| Enclosed is a check for the following amount made pay | able to the Florida Depa | artment of State: | |
| S35 Filing Fee S43.75 Filing Fee & Certificate of Status | 2\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) | |
| Mailing Address | Street | Address | |
| Amendment Section | Amendment Section | | |
| Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle, | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

(Document Number of Corporation (if known)

14 AUG 20 PM 1: 19

CFL PROSPECTS BASEBALL INC

(Name of Corporation as currently filed with the Florida Dept. of State)
N1400006715

| 3.7.01 | 1 | [[],] | 41 |
|--------|--------|----------|------|
| TALL | Aljass | EE, FL | CHOÀ |

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X_Change X_Remove X_Add | | Doe Lones Smith | |
|----------------------------------|--------------|-----------------------|--------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | VT | SANDRA C BORI | 2061 CROSSHAIR CIŖ |
| X_Add | | | ORLANDO FL 32837 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | <u> </u> |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | • |
| Remove | | | |

| f amending or adding additiona attach additional sheets, if necessa | ary). (Be speci | fic) | | | |
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| The date of each amendment(s) adoption: U8/U6/2014 | , if other than the |
|--|---------------------|
| date this document was signed. | • |
| Effective date if applicable: 08/06/2014 | |
| (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. | |
| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. | |
| Dated 08/06/2014 | |
| Signature Signature | |
| (By the chairman or vice chairman of the board, president or other officer-if directors | |
| have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| JOSE RAMIREZ | |
| (Typed or printed name of person signing) | • |
| PRESIDENT | |
| (Title of person signing) | |