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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Purple Prile Baseball, Inc.				
DOCUMENT NUMBER: N1600006748				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Michael Rosenthal				
(Name of Contact Person)				
Purple Pride Baseball				
(Firm/ Company)				
8415 SW 107th Ave. #24AW				
(Address)				
Miami, FL 33173				
(City/ State and Zip Code)				
Purplepridebaseballe amuil, com E-mail address: (to be used to) future annual report notification)				
For further information concerning this matter, please call:				
Michael Rosenthal at (305) 725-4408 (Area Code) (Daytime Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee				
Mailing Address Street Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# FILED

### Articles of Amendment

Articles of Incorporation

# 17 OCT 12 AH II: 43

- SECRETARY OF SHIME TALLAHASSEE FEGRIDA

Purple Pride Baseball, In	Ci	TALLAHASSEE FESTIVA
' (Name of Corporation as current	ly filed with the Flo	rida Dept. of State)
NU(COODOO/7AO		
(Document Number	er of Corporation (if l	(nown)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not F</i> e	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:	
N	) / A	The new
name must be distinguishable and contain the word "corporate" (Company" or "Co." may not be used in the name.	on" or "incorporate	d" or the abbreviation "Corp." or "Inc."
D. Enter now principal office of decay if any limits.	NIA	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_12/11	
C. Enter new mailing address, if applicable:	$\Delta \cup A$	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	10/11	
D. If amending the registered agent and/or registered office	e address in Florida	enter the name of the
new registered agent and/or the new registered office ac		the maint of the
W. CW. B. C. L.	$\lambda 1/\Lambda$	
Name of New Registered Agent:	<u> 10/#</u>	
Name Provintered Office Address	(F	lorida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent. I am fan		t the obligations of the position.
		•
Si	nature of New Regis	tered 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	PT John I V Mike SV Sally	<u>Iones</u>	
		<u>Title</u>	Name	Address
2)	Add	<u>P</u> _	Fausto Padron	18067 SW 151 Ave Miuni, FL 33187
	2) Change	D	Wichael Rosenthyl	•
4) Change	3 ) Change	<del></del>		
5) Change	4) Change Add			
6) Change	5) Change Add			
	6) Change Add			

tach additional sheets, if necessary).	(Be specific)	
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The	edate of each amendment(s) adoption:	, if other than the
date	this document was signed.	
Effe	ective date if applicable: 10-16-1	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	listed as the
Ada	option 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	
	Signature Mi Man	
	(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)	
	Michael Rosevithal (Typed or printed name of person signing)	
	(1) pod ot primed name of potoon organity)	
	President	
	(Title of person signing)	