## L11000036988

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
111-34988 (Document Number)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
W11-21567			

Office Use Only



400201853404

04/15/11--01022--007 \*\*25.00

Stabil Se

SECRETARY OF STATE ONS DIVISION OF CORPORATIONS

N. Cuffigan MAY 3 \_ 2011



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 18, 2011

JEFFREY ASESOR 760 NE 88 STREET MIAMI, FL 33138

SUBJECT: PREMIER MARTIAL ARTS OF PEMBROKE PINES LLC

Ref. Number: L11000036988

We have received your document for PREMIER MARTIAL ARTS OF PEMBROKE PINES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 211A00009330

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Plemier Matial Ask of Pembrok Pivel  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:
Jeffrey Ases
Florida Matial Asts LLC Firm/Company
760 NW 88 St.
MIAMI , FL 33/38  City/State and Zip Code
E-mail oddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (454) 3 19-0654  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ \$60.00 Filing Fee, \$\ \text{Certified Copy}\$\$ \$Certified Copy \$\ \text{(additional copy is enclosed)}\$\$ \$Certified Copy \$\ \text{(additional copy is enclosed)}\$\$

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

. ARTICLES OF A	AMENDMENT SECOND FILEU
,	O; DIVISION OF CORRESTATE
ARTICLES OF O	TV Atan
0.	F "MAY" 3 ANII 97
Premier Martial Acts	of Rembiola Pines LC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company	were filed on 04 25 11 and assigned
Florida document number	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Florida Martial	Alts UC
The new name must be distinguishable and end with the words "Limi" L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	17503 DINS BLVD
(Principal office address MUST BE A STREET ADDRESS)	pembok pivos FL 33029
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
muning university BEATOST OFFICE BOA	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
and the second s	r.
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
	Enter Florida street address
	Florida

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
<u>_P</u>	feffrey Arton	penbok place, FC 5029	Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	SECRETA DIVISION OF
	·		ARY OF STA
		7	AFIONS
Dated	· · · · · · · · · · · · · · · · · · ·		
_	letter	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00