## L03000021532

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<i>≥</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	ration Secti on of Corpo						
SUBJECT:	FLO	RIVA	Name of Limit	SU CAUR ed Liability Company	, LLC		
			d fee(s) are subm	· ·			
Please return al	l correspond	lence concern	ing this matter to	the following:			
		_ M,	ARCIO	SIMA.  Name of Person	<u>S</u>		
		FLO	RIDA 3	Firm/Company	CLUB, A	hac	
		6236	King	S POINTE Address	PRWY :	# 4	
		ORL	ANDO	FL 3 City/State and Zip Coo	2819 le		
				CAMAIL be used for future annu			
			E-mail address: (to	be used for future annu	al report notification	on)	<b>~</b> 3.
For further info	rmation con	cerning this r	natter, please cal	1:			(2)
MAR	C10 :	SIMA	3	1: at ( <u>407</u> )_ Area Code	903-15	<sup>원</sup>	
	Name of P	erson		Area Code	Daytime Tel	ephone Number	<u></u>
Enclosed is a cl	neck for the	following am	ount:			SE SINIE	
\$25,00 Fili	ng Fee	S30.00 Fi	ling Fee & ate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		S60.00 Filing Certificate o Certified Co (additional copy	Fee, f Status & py
	Registrate Division P.O. Box	G ADDRES ion Section of Corporatio 6327 ice, FL 32314	ons	Regist Divisio Cliftor	ET/COURIER / ration Section on of Corporation Building Executive Center	ns	

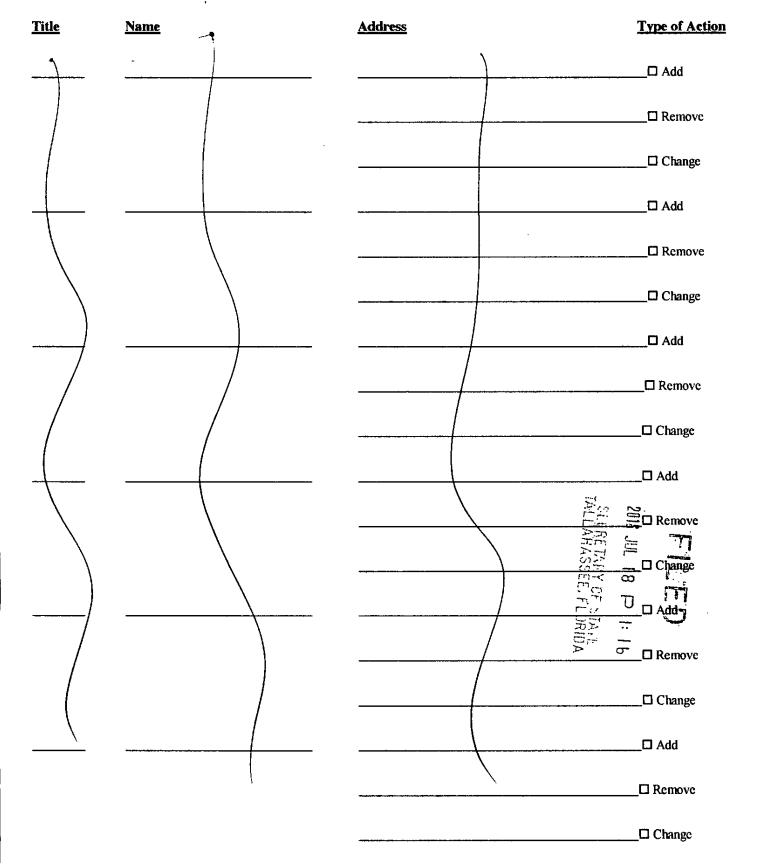
Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compar	y were filed on MARCH 1, 2016 and assigned
Florida document number <u>L03000021532</u> .	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
AJJ ACADEMY, LLC	
HJJ ACADEMY, LLC The new name must be distinguishable and contain the words "Limited Lia"	bility 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 registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the newere</u> :
Name of New Registered Agent:	
New Registered Office Address:	<b>≥</b> / 23.
	Enter Florida street padress
	Florida
	City Z G Zip Code
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	s provided for in Chapter 605, F.S. Or, if this document is
If Ch	anging Registered Agent, Signature of New Registered Agent

## or removed from our records:

MGR = Manager AMBR = Authorized Member



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ffective date, if other than the date of filing:		(optional)	
an effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	date of filing or more than 90 le statutory filing requiren	days after filing.) Pr	arsuant to 605.020
e record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective time, at	12:01 a.m. on	the earlier of
ated JULY 11 , 2016  Mario  Signature of a member or authori	) www.	ber	
MARCIO SIMAS Typed or printed			

Page 3 of 3

Filing Fee: \$25.00