L07000035821

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TO:

Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Co	porations			
SUBJECT: Fight M	lanagement Group,	LLC		.
(Name of Limited Liability Company)				
·		•		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Joseph A. Spiriti Jr.		TALL SEC	
	· · ·	(Name of Person)	ARE AN	
	Caserta, Spiriti & Gonzal	lez	TAR ASS	
		(Firm/Company)	30 A 10: 5	rn
	12121 NE 16th Avenue		FLOR	
		(Address)		!
	North Miami, Florida 331	61		
	· · · · · · · · · · · · · · · · · · ·	(City/State and Zip Code)		
For further information c	concerning this matter, please c	all:		
Joseph A. Spiriti Jr.		at (305) 899-5115		
(Name of Person) (Area Code & Daytime Telephone Number)			elephone Number)	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is end	
MAILING ADDRESS: Registration Section		STREET/COURIER Registration Section	ADDRESS:	

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fight Manage (Name of the Limited Liability Com (A Florida Limite	ement Group, LLC pany as it now appears on our reced Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compa	any were filed on <u>04/04/2007</u>	■ and assigned
Florida document number <u>I 07000035821</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
U.S. Amateur Fighting, LLC		
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		TALL SE
(Principal office address MUST BE A STREET ADDRESS)	2	CRETARY SULAHASSI
Enter new mailing address, if applicable:		EFF D
(Mailing address MAY BE A POST OFFICE BOX)		OR OR S
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent: New Registered Office Address:	nere: (Enter 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 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.

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>м</u>	Norman Bedford Royo	149 NW 102 Street Miami Shores, Florida 33150	Add Remove
<u>M</u>	David T. Caserta	12121 NE 16th Avenue North Miami, Florida 33161	Add Remove
			= ,
			Add Remove
			Add Remove
			
D. If amend	ing any other information, enter c	hange(s) here: (Attach additional sheets, if r	#
· <u>—</u>			TEGRITARY OF
Dated May 2	1 , 2	008	A 10: 56
	_	ember or authorized representative of a member To as manager of C a great or printed name of signee	Business Holdings (Member)
		Page 2 of 2	li kmbaj

Filing Fee: \$25.00