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COVER LETTER

TO:	Registration Section Division of Corp			
SUBJ	ect: Vale	nte Gracie Ji Name of Limi	ted Liability Company	uderdale, LLC
The er	nclosed Articles of A	mendment and fee(s) are subi	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Alexand	Name of Person	<u></u>
			Firm/Company	·
		3131 NW 18) 9 Terrace Address	
, 1 , 1	graphic begins graphic personal	Suncise,		
		E-mail address: (1	to be used for future annual report notifi	cation)
For fu	rther information co	ncerning this matter, please ca	dl:	
_A	Name of	Bol-field Person	at (304) 839 - Area Code Daytime	- 5852 Telephone Number
Enclos	sed is a check for the	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 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

Valente Grac (Name of the Limited	Lie Ji Ji Liability Company as A Florida Limited Liabili	tsu Fort Law it now appears on our records.) ty Company)	derdale, LLC
The Articles of Organization for this Limited Lial Florida document number <u>L070007</u>		filed on	27 and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the new name must be distinguishable and contain the work	Jiu J	itsu LLC	the abbreviation "L.L.C."
Enter new principal offices address, if applicat (Principal office address MUST BE A STREET		Same	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	()X)	Same	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	registered office	address on our records, <u>e</u> Enter Florida street address Florid	DCT 17 AH III 26
		, Florid City	8 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 605, 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Type of Action Address** Title Name □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change Add Remove Change 86 ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

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	the date inserted in it's effective date or					utory filing	requiremen	its, this date v	vill not	be listed
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Filing Fee: \$25.00