

**L08000087801**

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**FILED**  
2009 DEC -7 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
DEC 8 2009  
**EXAMINER**

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Commando Krav Maga of the Palm Beaches, LLC

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:

John P. Riddle

Name of Person

Progressive Self Defense Systems, LLC

Firm/Company

6797 NE 7th Ave

Address

Boca Raton/Florida, 33487

City/State and Zip Code

jpriddle@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John P. Riddle

Name of Person

at ( 561 )

262-7840

Area Code & Daytime Telephone Number

Enclosed 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

FILED

2009 DEC -7 PM 01 58

Commando Krav Maga of the Palm Beaches, LLC SECRETARY OF STATE  
(Name of the Limited Liability Company as it now appears on our records) TALLAHASSEE, FLORIDA  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 15, 2008 and assigned  
Florida document number L08000087801.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Progressive Self Defense Systems, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6797 NE 7th Ave

(Principal office address MUST BE A STREET ADDRESS)

Boca Raton, Florida

33487

Enter new mailing address, if applicable:

6797 NE 7th Ave

(Mailing address MAY BE A POST OFFICE BOX)

Boca Raton, Florida

33487

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

6797 NE 7th Ave

*Enter Florida street address*

Boca Raton

Florida

33487

*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 Changing Registered Agent, Signature of New Registered Agent**

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Leigh Garczynski	6797 NE 7th Ave Boca Raton, Florida 33487	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_

John P. Biddle 12-3-09  
Signature of a member or authorized representative of a member  
JOHN P. RIDGE  
Typed or printed name of signee

FILED  
2009 DEC -7 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA