L09000056180

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B. KOHR FEB 2 3 2010

EXAMINER

COVER LETTER ****

TO:	Registration S Division of Co			
SUBJ	FCT∙	Natural B	orn Fighter, LLC	
3000	EC1.		ted Liability Company	Strate
				6
The en	nclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	The factor
Please	return all corresp	ondence concerning this matter	to the following:	OKE 22 MA
	Frank Castiglione			~
			Name of Person	
		Na	tural Born Fighter, LLC	
			Firm/Company	
29		298	31 Blackwater Creek Dr	
			Address	
			Lakeland, FL 33810	
			City/State and Zip Code	
		Natura	albornfighter@verizon.net	
For fu	rther information	E-mail address: (i	to be used for future annual report noticall:	fication)
		nk Continuo	062	6044461
		nk Castiglione of Person	at (863) Area Code & Daytin	ne Telephone Number
Enclos	sed is a check for	the following amount:		,
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi P.O. I	LING ADDRESS: tration Section on of Corporations 30x 6327 nassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Natura	Il Born Fighter, LLC		O OFFER	
(Name of the Limited Liabili	ity Company as it now appear a Limited Liability Company)	s on our records.)	Co Contraction	
(71 TOTAL	Elimica Blackity Company)		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
The Articles of Organization for this Limited Liability	Company were filed on	6/10/2009	and assisted	
Florida document numberL0900056180	·		OF TO	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company her	e:		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADL	ORESS)			
			, , , , , , , , , , , , , , , , , , ,	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)		,		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ur records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	F	tou Florida atmost a de	Trans.	
	Enter Florida street address			
		, Florida	<u> </u>	
	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, <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>	<u>Name</u>	Address	Type of Action
MGRM	Stephen McNutt	5152 Cimmaron Dr Lakeland, FL 33803	Add
 	- • · · · • · · · · · · · · · · · · · · 		Add Remove
			Add Remove
<u> </u>	***************************************		Add Remove
			Add Remove
			Add Remove
D. If ame	ending any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	
_	Steven McNutt is being removed	from LLC due to fraudulent activities	_
<u> 8</u>	and breach of contract.		
_			-
Dated	February 15	2010	_
		ember or authorized representative of a member	
	Signature of a mi	Frank Castiglione	
	7	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00