## L090000 76229

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:						
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)					
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status						
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE EI SATE

B. KOHR AUG 2 1 2009

**EXAMINER** 

## **COVER LETTER**

' TO:'

TO:	Registration S Division of Co				
SUBJECT: First Class			s Fighting, L.L.C		
50 251			ited Liability Company		
The en	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please	return all corresp	ondence concerning this matter	r to the following:		
			James C. Hemphill		
			Name of Ferson	-10° 00	
			Firm/Company	PILET 19 AUG 20 F	
			1138 New York Ave.	FILED 16 20 AV	
			Address	SEE, FLO	
		St	t. Cloud, Florida 34769	ORDE TO	
City/State and Zip Code					
		Jime	@CBH-Accounting.com to be used for future annual report notifi	cation)	
For fur	ther information	concerning this matter, please of	•		
James Hemphill		mes Hemphill	at( <u></u>	892-1506	
-	Name	of Person	Area Code & Daytime	e Telephone Number	
Enclose	ed 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)	S60.00 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		tration Section on of Corporations Box 6327	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerulanassee, FL 32	n ations nter Circle	

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

ARTICLES OF ORG	ANIZATIO:	N de	OS NIC 20 MIN. 15
OF		Ę	100 K
First Class Fighti	ng, LLC		15 The Part of the
(Name of the Limited Liability Company as (A Florida Limited Liability	it now appears of y Company)	n our records.)	Line Oi
The Articles of Organization for this Limited Liability Company were	filed on	08/07/09	and assigned
Florida document numberL0900076229			V:
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liability o</u>	ompany here:		
The new name must be distinguishable and end with the words "Limited Li"L.L.C."	ability Company,	" the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)	W. L. W		
	0 Blac - A		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
<del></del>			40 = 0
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our	records, enter	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter	Florida street add	dress
	2,,,,,,	Florida	

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.

City

Zip Code

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>	Type of Action
MGRM	Daniel C. Ulivarri	5258 Hammock Circle St. Cloud, FL 34771	Add ✓ Remove
<u>MGRM</u>	Zach Ulivarri	5258_Hammock Cirlce St. Cloud, FL 34771	Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
<u>_</u>			Add Remove
D. If amending	g any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.)	
			_
 	August 19th	2009	-
Dated	/ ( )	 Nr	
	Signature of a me	mber or authorized representative of a member	
		James C. Hemphill	
	T	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00