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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JUL 1 4 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Smiley's Combat Athletia 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:					
Bruce B. Humphrey Name of Person					
Birchfield + Hunghrex, P.A.					
1031 La Salle Street Address					
City/State and Zip Code City/State and Zip Code Chumphyey @ birchfleldhumphyey.com E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
13 RULE 13. Humphrey at (904) 396. 6625 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,					
Certificate of Status Certified Copy (additional copy is enclosed) 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**

Smiley's Com	bat Athlefix, LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	y were filed on April 19, 2010 and assigned			
Florida document number <u>L 10000041620</u> .	•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	<u></u>			
(Principal office address MUST BE A STREET ADDRESS)	S VSE			
	ON COL			
	- FARE			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.				
Name of New Registered Agent: 32 44	F B. Humphrey			
New Registered Office Address: /03! L	a Salle Street			
Enter Florida street address				
Jacks	ON V. 1/e , Florida 32207 City Zip Code			
	•			
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			

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 = M	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
<u>MGRm</u>	Roberth. Black	3600 Papie Road #203 Orange Park, FL 32065	Add Remove
			Add Remove
<u> </u>			Add Remove
	· 		Add Remove
·			Add Remove
			Add Remove
D. If amend	See attached Amer Suly 12, 2010	3. HT	SECRETARY OF STATE DIVISION OF CORPORATIONS 10 JUL 13 MH 11:29
	Signature of a membe	r or authorized representative of a member 73. Humph vey d or printed name of signee	

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Filing Fee: \$25.00