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PICK-UP WAIT MAIL			
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SECKETARY OF STATE

KSALY EXAMINER JAN 11 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dream Team Boxing From Hons, 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:
Enrique Rival +a Name of Person
Tirm/Company 15075 SW 137th St. Suite 14 Address Miami Florida 33194
City/State and Zip Code TOP LEVEL 10 @ Yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mame of Person at (305) 917 - 505 U Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum{\$\\$\\$}\\$25.00 \text{ Filing Fee}\$ Certificate of Status \$\sum{\$\\$\\$}\\$55.00 \text{ Filing Fee & Gertificate of Status}\$ \$\sum{\$\\$\\$}\\$55.00 Filing Fee & Gertificate of Status & Certificate Opy (additional copy is enclosed)

MAILING ADDRESS:

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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:
12 JAN -6 PM 3: 30

Name of the Limited Liability Compani (A Florida Limited Liability Companica Liabi	Promotions, U. ALAHASSEE, my as it now appears on our records.) Tability Company)	F STATE FLORIDA	
The Articles of Organization for this Limited Liability Company vi Florida document number	were filed onand assi	igned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil			
The new name must be distinguishable and end with the words "Limite "L.L.C."	ted Liability Company," the designation "LLC" or the a	bbreviation	
Enter new principal offices address, if applicable:	NIA		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA		
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:	NIA		
New Registered Office Address:	Enter Florida street address		
	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> **Name** Address Type of Action Bivalta, Enrique 10575 SW 137 Street Mami, Florida 331910 ☐ Add Remove ☐ Add Remove ☐ Add Remove Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Kvalta
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00