611000017694

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TELEGRAPH & BONS

COVER LETTER

TO:	Registration Sec Division of Corp			
CHD II	CT.	FIGHT	ΓING OKRA, LLC	
SUBJE	sc1:	Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		G	ONZALO ROSENDO	
		_	Name of Person	
		AMICORF	P FIDUCIARY SERVICES L	LC.
			Firm/Company	<u> </u>
		1001 Brid	ckell Bay Drive, Suite 2306	
			Address	
			Miami, FL 33131	
			City/State and Zip Code	
		•	.rosendo@amicorp.com	
			to be used for future annual report notif	ication)
For fur	ther information co	ncerning this matter, please ca	all:	
Gonz	zalo Rosendo		305 416-4730	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclose	ed is a check for the	e following amount:		
\$2:	5.00 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:

TO:

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

FIGHTING OKRA, LLC

(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited Li			02/10/2011	and Resigned
Florida document number L11000017694	,			25 SSV
This amendment is submitted to amend the following	owing:			Γτ1 x´
A. If amending name, enter the new name of	f the limited liab	ility company <u>here</u> :	;	PH 4: L9
The new name must be distinguishable and end with the	words "Limited Liab	oility Company," the des	ignation "LLC" or the	
Enter new principal offices address, if applic	able:	1001 Brickell E	Bay Drive, Sui	te 2306
(Principal office address MUST BE A STREE	T ADDRESS)	Miami, FL 331	31	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	1001 Brickell E Miami,FL 3313		te 2306
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:	fice address her		· -	er the name of the no
New Registered Office Address:	w Registered Office Address 1001 Brickell Bay Drive, Suite 2306			
Negistered Office Addiess.		Enter Florida	street address	
	Miami		, Florida	33131
		City		Zip Code
New Registered Agent's Signature, if changing l	Registered Agent:			
1 h 1			ander I Coullean	naman ta naman hi swith ti

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 605, 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.

f Changing Registered Agent, Signature of New Registered A

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Standard Nominees Ltd.	C/O TRIDENT CHAMBERS	Add
		- WICKHAMS CAY	■ Remove
		ROAD TOWN, TORTOLA B.V.I VG	
MGR	Stichting LLC Management	BAARESTRASSE 75	■ Add
		CH-6300	□ Remove
		ZUG, SWITZERLAND	
			Add
			□ Remove
			□ Add
			Remove
			
			Remove
			
			Add
			□ Remove

•	ing any other information, enter change(s) here: {Anach daditional sheets, if hecessary.)
	· · · · · · · · · · · · · · · · · · ·
(The effective	date, if other than the date of filing:
Dated	DECEMBER 17rd ()2014.
	Signature of a member or authorized representative of a member
	Derk Scheltema, Aida Driesprong
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00