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SECRETARY OF STATE

ALLAHASSEF FINATE

D. BRUCE
APR 0 8 2011
EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT: P(emier Martial	Aits of Rembiola [). INES
	Name of Limit	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	J	Office Association	·
	Bemie. Mc	Hal Ast of Pambole Firm/Company	- Pias
	760_N€	88 SI- Address	
	MIPINO	fl 34138 City/State and Zip Code	
	JOFFaseso E-mail address: (to	o be used for future annual report notification	n)
For further information	concerning this matter, please ca	ıll:	AHA T
JOFF Name	USISA of Person	at (M) 319-2654 Area Code & Daytime Tele	PR-7 M P. Sphone Number FLOR
		Alea Code & Daytime 1ek	sphone Number FLORIB
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	JING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center C	s
		Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIER MARTIAL ARTS OF PEMBROKE PINES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	ility Company were filed on	03/28/2011	and assigned
Florida document numberL1100003698			
This amendment is submitted to amend the follows	ing:		
A. If amending name, enter the new name of th	e limited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Compa	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable	le:	<u> </u>	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO			TAPR-1 MID
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on o <u>e address here</u> :	our records, <u>enter</u> O A	tie name of the new
Name of New Registered Agent:		,	
New Registered Office Address:	Еп	ter Florida street add	ress
	. Florida		
•	City	, FIOTIUA	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 = M	anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR/Ph	with Jeffrey Aspess	160 NE 88 St manife 33112	Add Remove
			Add Remove
			Add Remove
<u>_</u>			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ry.)
			TI APR
Dated	05 april 05 , 20		TETO -7 MID 35 ARY OF STATE SEE FLORIDA
-	liff	or printed name of signee	
	-,,,	y	

Page 2 of 2

Filing Fee: \$25.00