1110000085891

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SECTION OF STATE TALLAHASSEE, FLORIDA

DIT NOV 118 BH 5: NO

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Tiger Rock Y Name of Lim	Martial Arts LLC ited Liability Company	
	of Amendment and fee(s) are su		
Please return all corres	spondence concerning this matte	r to the following:	
	<u>Jason</u>	Adams Name of Person	
	Tiger	Rock Martial Firm/Company	Arts LLC
	27 A	Zalca Drive Sait	c 74B
	Crawle	Siduille FL 32327 City/State and Zip Code	ES =
	E-mail address:	to be used for future annual report notification	tion)
For further information	n concerning this matter, please	call:	WCTARY OF STARSSEE, FLO
Jasov	c of Person	at (<u>880) 926 - 377</u> Area Code & Daytime 1	+ SS
Nam	e of Person	Area Code & Daytime	elephone Number
Enclosed is a check for	r the following amount:		
\$25.00 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)
ма	ILING ADDRESS	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tiger Rock	Martial Arts LLC
(<u>Name of the Elmited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 56/4 26, 20 \\ and assigned
Florida document number L 11000085891	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Adams martial A	irts LLC
	Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	
	SS CONTRACTOR
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	5 5 C
	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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

Type of Action Address <u>Title</u> <u>Name</u> Richard Mann MARM Deborah Mann MARM ☐ Add Remove $\square \Lambda dd$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October Dated_ Signature of a member or authorized representative of a member Sason Adams
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00