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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Round 2 Acquisitions 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:
Allie Backer/Jennifer Husbert Name of Person
Round 2 Acquisitions
1322 N. University Dr. Address
Coral Sphoas FL 33071 City/State and Zip Code
JE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 536 7354 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate Opy (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

TO ARTICLES OF ORGANIZATION **OF**

Round 2 Acquisitions
(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 Liability Company were filed on 1/2000002722 and assigned
Florida document number 114/12 L 12000002720
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Raw Kickhoxing & Fitness w
he new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
3. If amending the registered agent and/or registered office address on our records, enter the name of the n
egistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City Zip Code 5
lew 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 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.

If Changing Registered Agent, Signature of New Registered Agent

Authorized Pichipel Deniz added of remoted from our records.

MGR = Manager AMBR = Authorized Member <u>Name</u> **Type of Action** <u>Title</u> **Address** □ Add ☐ Remove □ Add _□ Remove _□ Add □ Remove □ Add 35. F. i တ Add Remove □ Add ☐ Remove

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E. Effec	tive date, if other than the date of filing:(optional)
(The ef	fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
(The ef the da	fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the this document is filed by the Florida Department of State)
(The ef	fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the this document is filed by the Florida Department of State)
(The ef the da	fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the this document is filed by the Florida Department of State) August 15014.
(The ef the da	fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the this document is filed by the Florida Department of State)
(The ef the da	fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the this document is filed by the Florida Department of State) August 15014

Page 3 of 3

Filing Fee: \$25.00