L12000061550

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COVER LETTER

Division of C	Section orporations				
•	Fightoporto Orlando III C				
SUBJECT:	Name of Limited Liability Company				
·					
The enclosed Articles	The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all corres	pondence concerning this matter	r to the following:			
		· •			
	SI Valbh, Esq.				
Name of Person					
Bogin Munns & Munns, PA Firm/Company					
FittivCompany					
	2601 Technology Drive Address				
Address					
Orlando, FL 32804 City/State and Zip Code					
rafizach2001@yahoo.com E-mail address: (to be used for future annual report notification)					
	E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please of	cail:			
	S Valbh	at (407) 578-1334			
Name	e of Person	Area Code & Daytime Telephone Number			
	the following amount:	Tiess on Filling Day 8			
\$25.00 Filing Fee	✓\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, 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 JUL 12 AM 10: 51

Fights	ports Orlando, LLC		
(Name of the Limited Liabili (A Florid	ity Company as it now appea	rs on our records.	
(3.110110	a Diffined Diagrity Company,		
The Articles of Organization for this Limited Liability	Company were filed on	May 7, 2012	and assigned
Florida document number L12000061550	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :	
Mata Leao I	BJJ/MMA Academy , Li	_C	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD)	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
[Muning data as MAT DE AT 1 COT CATALOG BOW	**************************************	- p - v - v	
			
B. If amending the registered agent and/or reg	istered office address on	our records, enter	the name of the new
registered agent and/or the new registered office ac		- 	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
		, Florida	
	City	, Fivitua	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** <u>Title</u> <u>Name</u> <u>Address</u> MGR **Todd Cuttler** ☐ Add 5825 Lake Champlain Drive Orlando, FL 32829 ✓ Remove Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 July Dated Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00