

7/14/2017

Division of Corporations

**L12000132199**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H17000184538 3)))



H170001845383ABC4

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : TORRES & VADILLO, LLP  
Account Number : I20150000038  
Phone : (305)485-9700  
Fax Number : (305)436-0191

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

Email Address: Corporations@svkws.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TEAM KNOCKOUT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED  
2017 JUL 14 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 JUL 14 P 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

BRUCE  
JUL 17 2017

H17000184538 3

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TEAM KNOCKOUT LLC**

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:

XIOMARA POLANCO

Name of Person

SANCHEZ VADILLO LLP

Firm/Company

11402 NW 41 STREET, SUITE 202

Address

DORAL, FLORIDA 33178

City/State and Zip Code

CORPORATIONS@SVLAWUS.COM

E-mail address: (to be used for future annual report notification)

2017 JUL 14 P 12:18  
SECRETARIAT OF  
TALLAHASSEE FLORIDA

FILED

For further information concerning this matter, please call:

XIOMARA POLANCO

at (305) 485-9700

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

**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

H17000184538 3

H 170006P 453P 3

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEAM KNOCKOUT 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 Liability Company were filed on 10/17/2012 and assigned  
Florida document number L12000132199

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

691 SW 123 COURT

(Principal office address **MUST BE A STREET ADDRESS**)

MIAMI, FLORIDA 33184

Enter new mailing address, if applicable:

691 SW 123 COURT

(Mailing address **MAY BE A POST OFFICE BOX**)

MIAMI, FLORIDA 33184

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SANCHEZ VADILLO LLP

New Registered Office Address:

11402 NW 41 STREET, SUITE 202

Enter Florida street address

DORAL

City

Florida 33178

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 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

H 170006P 453P 3

H17000184533 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MANUEL VADILLO	11402 NW 41 STREET	<input type="checkbox"/> Add
		SUITE 202	<input checked="" type="checkbox"/> Remove
		DORAL, FLORIDA 33178	<input type="checkbox"/> Change
MGR	ROBERTO ARENCIBIA	691 SW 123 COURT	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33184	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2017 JUN 14 12:08  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

H17000184533 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

H17000184538 3

FILED  
2017 JUL 14 P 12:18  
TALLAHASSEE, FLORIDA

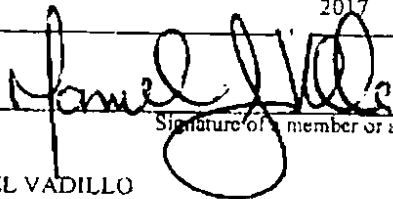
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated JULY 14 2017



Signature of member or authorized representative of a member

MANUEL VADILLO

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

H17000184538 3