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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations Black Belt in Life Martial Arts, Inc. SUBJECT: 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: Lane Andrews Jr Name of Person Firm/Company 4501 W Leona St Address Tampa, FL City/State and Zip Code lane.andrews21@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 352 262-9592 Lane Andrews Jr. Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$60.00 Filing Fee, □ \$30.00 Filing Fee & ☐ \$55.00 Fiting Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Black Belt in Life Martial Arts, Inc.

2022 AUG 15 PM 4: 5

(Name of the Limited Li	ability Company as it now appears on out lorida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabili Florida document number	ity Company were filed on 3/27/2013	TATE WAS OF STATE
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Black Belt in Life Martial Arts, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida stree	et acklress
<u> </u>		, 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 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 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>	Type of Action
			
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D. If amending any other inform	nation, enter cha	nge(s) here: (Att	tach additional sh	eets, if necessary.)	
					
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E. Effective date, if other than t (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	must be specific and ca s block does not mee	nnot be prior to date at the applicable st	of filing or more than		
f the record specifies a delayed effect ecord is filed.	ctive date, but not an	effective time, at	12:01 a.m. on the c	earlier of: (b) The 90th	day after the
August 9	í	2022			
Dated		~ 1			
	Signature of a mer	mber or authorized r	epresentative of a me	mber	
Lane Andrews Jr					

Typed or printed name of signee