

L13000050706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

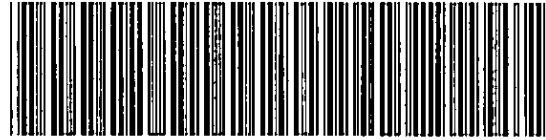
(Business Entity Name)

(Document Number)

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STATEMENT OF STATE
TALLAHASSEE, FLORIDA

J
10/24/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: US KYOKUSHIN KARATE FIGHTING GYM L.L.C.
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:

GUZMAN ERRAMUSPE

Name of Person

US KYOKUSHIN KARATE-FIGHTING GYM LLC.

Firm/Company

49 BEACON BLVD

Address

MIAMI FL 33135

City/State and Zip Code

MIAMI FIGHT CLUB @ GMAIL .COM

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

For further information concerning this matter, please call:

GUZMAN ERRAMUSPE

Name of Person

at (786) 357 5723

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

US KYOKUSHIN KARATE FIGHTING GYM 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 10/25/2017, and assigned Florida document number L13000050706

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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17 OCT 28 AM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

GUZMAN ERRAMUS DE

New Registered Office Address:

2201 SW 1st STREET

Enter Florida street address

MIAMI

City

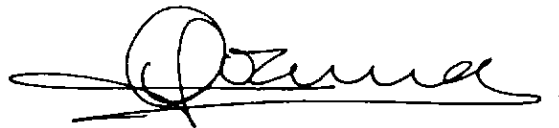
Florida

33135

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

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>
	<u>IGUESIAS MANISELA</u>	<u>1761 SW 11 STREET.</u>	<input type="checkbox"/> Add
		<u>MIAMI FL 33135</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>GUZMAN ERRAMUPE</u>	<u>2717 SW 32 AVE</u>	<input type="checkbox"/> Add
		<u>MIAMI FL 33133</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>GUZMAN ERRAMUPE</u>	<u>2201 SW 1st STREET.</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI FL 33135</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

FOR MGR GUZMAN ERRAMUSPE
ADDRESS HAVE TO BE CHANGE TO THE NEW
OFFICE ADDRESS, 2201 SW 1ST STREETS.
MIAMI, FL, 33135.

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17 OCT 28 AM 1:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

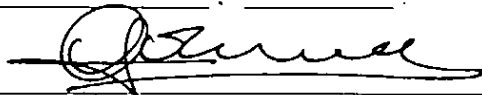
E. Effective date, if other than the date of filing: _____ (optional)

(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 10/25/2017



Signature of a member or authorized representative of a member

GUZMAN ERRAMUSPE

Typed or printed name of signee