

L13000091970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

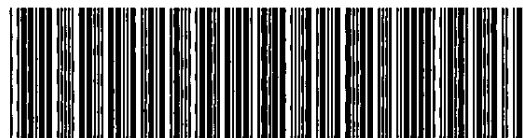
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TAMPA, FLORIDA

S Warren

APR 04 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fitness Through MMA 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:

Lara Laign

Name of Person

Fitness Through MMA

Firm/Company

4001 NW 31st Ave apt #4

Address

Lauderdale Lakes 33309

City/State and Zip Code

bruceclutchmedial@yahoo.com

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

For further information concerning this matter, please call:

Lara Laign

754 2730628
at ()

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

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

Fitness Through MMA 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 06/26/13 and assigned
Florida document number L13000091970.

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)

4001 nw 31st ave apt # 4

Lauderdale Lakes 33309 FL

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:

Lara Laign

New Registered Office Address:

4001 Nw 31st ave apt 4

Enter Florida street address

Lauderdale Lakes

Florida

33309

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 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>
MGR	Lara Laign	4001 nw 31st ave apt #4	<input checked="" type="checkbox"/> Add
		Lauderdale Lakes Florida	<input type="checkbox"/> Remove
		33309	<input type="checkbox"/> Change
MGRM	Mark Katz	222 NE 1st ave	<input type="checkbox"/> Add
		Hallandale Beach FL	<input checked="" type="checkbox"/> Remove
		33009	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

(b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

LARA LAIGN
Typed or printed name of signee

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TALLAHASSEE, FLORIDA