

613000111854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

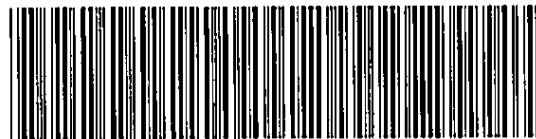
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700405224387

03/27/23--01012--015 **25.00

RECEIVED
MAR 27 AM 9:32
CLERK OF DISTRICT COURT
STATE OF FLORIDA

RECEIVED

R. HUNT

03/27/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SWORD MASTERS ACADEMY MELBOURNE

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:

DANIEL BUCUR

Name of Person

SWORD MASTERS ACADEMY MELBOURNE

Firm/Company

5565 Schenck Ave, Ste 2

Address

Rockledge, FL 32955

City/State and Zip Code

coachdaniel7@gmail.com

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

STATE
FL

2007 AM 8:32

ED

For further information concerning this matter, please call:

DANIEL BUCUR

321

355-8079

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SWORD MASTERS ACADEMY MELBOURNE

(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 08/07/2013 and assigned
Florida document number 46-1026961.

This amendment is submitted to amend the following:

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

GENESIS FENCING CLUB L.L.C.

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)

SAME

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

DANIEL BUCUR

New Registered Office Address:

5565 Schenck Ave. Ste 2

Enter Florida street address

ROCKLEDGE

City

Florida 32955

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>
AMBR	NAOMI BUCUR	5565 Schenk Ave. Ste 2, ROCKLEDGE, FL 32955	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIEL BUCUR	5565 Schenk Ave. Ste 2, ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DANIEL BUCUR	5565 Schenk Ave. Ste 2, ROCKLEDGE, FL 32955	<input checked="" 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

RECEIVED
FLORIDA
STATE
7/27 AM 8:32

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

I AM RETURNING BACK TO THE OLD NAME, GENESIS FENCING CLUB. PLUS, I AM NOW THE SOLE
OWNER (MANAGER AND AUTHORIZED MEMBER). THANK YOU FOR YOUR HELP.

27 APR 8:32 AM
DEPT. OF STATE
RECEIVED

E. Effective date, if other than the date of filing: 21 MARCH 2023 **(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 21 MARCH 2023



Signature of a member or authorized representative of a member

DANIEL BUCUR

Typed or printed name of signee