#1/3000154207

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DFC 18 5013 EXAMINES K.SALA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Winder Sorings BJJ LLC Name of Limited Liability Company	
Name of Lymted Liability Company	•
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
David Iturino Name of Person	
Mount Dova BJ UC Firm/Company	
4280 HWY 1914 Suite 7	
Mount Dora FL. 32757 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
David Thurring at (401) 535-7301 Name of Person Area Code & Daytine Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status S25.00 Filing Fee & Certificate of Status	d)

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



Winter Springs BJJ 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 11/01/13 and assigned
Florida document number L13000154207	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Mount Dora BJJ Academy LLC	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	4280 HWY 19A
(Principal office address MUST BE A STREET ADDRESS)	Suite 7
	Mount Dora, FL 32757
Enter new mailing address, if applicable:	4280 HWY 19A
(Mailing address MAY BE A POST OFFICE BOX)	Suite 7
	Mount Dora, FL 32757
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		<u> </u>	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			
			Add
			Remove
			Add
			Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
-	<u> </u>
_	
	17/1.
ed	12/10 30/13
	Dignature of a member of authorized representative of a member
	David Iturring
	Typed or printed name of signee

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Filing Fee: \$25.00