# L14666676562

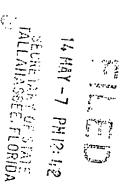
| (Re                     | equestor's Name)  |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | ldress)           |             |
| (Cit                    | ry/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

Office Use Only



800259789198

05/07/14--01014--006 \*\*25.00



A SINVERS MAY 1 3 2014

### **COVER LETTER**

| SUBJECT: Fierce Fighter Promotions LLC.   |
|---|
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:                                |
| Susene Pierre<br>Name of Person   |
| Fierce fighter fromotions Firm/Company  |
| 5492 NW goth ter.   |
| Sunrise/FL 33351  City/State and Zip Code  Eugene Pafierce Fighter Ptamotions · Com  Email address: (to be used for future annual report notification)                            |
| Email address: (to be used for future annual report notification)  For further information concerning this matter, please call:   |
| Rame of Person at (954) (200. 337)  Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee  Certificate of Status  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

TO:

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

| tierce figh  | ted Liability Company as it  | tons LLC                                   | • |              |             |
|--|------------------------------|--|---|--------------|-------------|
| (174116 of the Pren  | (A Florida Limited Liability | Company)                                   | <u>Sa</u> .)                            |              |             |
| The Articles of Organization for this Limited L                                      | iability Company were fi     | led on                                     | an                                      | d assigned   |             |
| Florida document number <u>U140000</u>   | 1650Z.                       |  |   |              |             |
| This amendment is submitted to amend the following                                   | lowing:                      |  |   |              |             |
| A. If amending name, enter the new name of   | of the limited liability co  | mpany here:                                |   |              |             |
|  |                              |  |   |              |             |
| The new name must be distinguishable and end with the                                | ·                            | mpany," the designation "LLC               | C" or the abbreviat                     | ion "L.L.C." |             |
| Enter new principal offices address, if appli-                                       | cable:                       |  |   |              | _           |
| (Principal office address MUST BE A STREI  | ET ADDRESS)                  |  |   | <del></del>  | _           |
|  |                              |  | <b>5</b>                                | 3 7          | na<br>Ži    |
|  |                              |  | # F                                     |              | 2742<br>    |
|  |                              |  | :S2.                                    | - <b>1</b>   | <b>3</b> .* |
| Enter new mailing address, if applicable:  | <del></del>                  |  |   | 7 14         | <u> </u>    |
| (Mailing address MAY BE A POST OFFICE  | <u>BOX)</u>                  |  | <u> </u>                                | <u> </u>     | -           |
|  |                              |  | 92                                      |              | ,≸          |
|  |                              |  | DIT:                                    | 1/3          |             |
| B. If amending the registered agent and registered agent and/or the new registered o |                              | ldress on our records                      | , enter the na                          | ime of the   | new         |
|  | _                            |  |   |              |             |
| Name of New Registered Agent:  | Zwene                        | Pierre                                     |   |              |             |
| New Registered Office Address:   | 5492 N                       | UW 90th +e<br>Enter Florida street address | 21.                                     | <del> </del> |             |
|  | Suncise                      | <del></del>                                | orida <u>73.</u>                        | 35/          | <del></del> |
|  | City                         | ,  | Zip (                                   | ode          |             |

#### 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

| MGR = M $AMBR = A$ | lanager<br>.uthorized Member |   |                    |
|--------------------|------------------------------|---|--------------------|
| Title              | Name                         | Address                                       | Type of Action     |
| MGR                | Gebara, S/mon                |   |                    |
|                    | ,                            | 7001 NW 16th St Apt A.                        | 316 Remove         |
|                    |                              | 7001 NW 16th St Apt# A:<br>Plantation FL37313 | <del></del>        |
|                    |                              |   | □ Add              |
|                    |                              |   | □ Remove           |
|                    |                              |   |                    |
|                    |                              | ę.  | A Add              |
|                    |                              |   | A Remove           |
|                    |                              |   |                    |
|                    |                              |   | ORID TO Refilibive |
|                    |                              |   |                    |
|                    |                              |   |                    |
|                    |                              |   | ☐ Remove           |
|                    |                              |   |                    |
|                    |                              |   | 🖸 Add              |
|                    |                              |   | Remove             |
|                    |                              |   |                    |

|  | <del> </del>                                 |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
| he effective date must be specific, cannot be prior to date of receipt or filed date and cannot  | (optional)<br>not be more than 90 days after |
| the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be date this document is filed by the Florida Department of State)  |  |
| 5/1  | not be more than 90 days after               |
| The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State) | not be more than 90 days after               |

Page 3 of 3

Filing Fee: \$25.00

SECIMILANT OF STATE