

L14000036502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

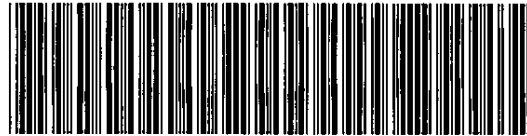
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Silvers MAY 13 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fierce Fighter Promotions 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:

Eugene Pierre  
Name of Person

Fierce Fighter Promotions  
Firm/Company

5442 NW 90th ter.  
Address

Sunrise FL 33351  
City/State and Zip Code

EugeneP@FierceFighterPromotions.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eugene Pierre at (954) 600.3371  
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

Fierce fighter Promotions LLC.

Page 1 of 3

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Gebara, Simon		<input type="checkbox"/> Add
		7001 NW 16th St Apt# A316	<input checked="" type="checkbox"/> Remove
		Plantation FL 33313	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4/10/14, 2014.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Evienne Pierre  
\_\_\_\_\_  
Typed or printed name of signee

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