LILLOND 914180

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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10/02/17--01027--014 **25.00



D. SCOTT OCT 3 2017

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Mastering BJJ Name of Lim	LLC lited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Shawn V	Name of Person	
	 	Firm/Company	
	4201 1	VIIShire Blvd. S	uite 105 == ==
		Address Cles CA 90010 City/State and Zip Code 717 @ amail . Com to be used for future annual report noti	
	WILLAMS E-mail address: (717 @ amail .com	n fication)
For further information of	oncerning this matter, please c		
Jenny Joh Name of	InSDN-Sardella Person	at (<u>305</u>) <u>629 - 8</u> Area Code Daytim	8816e Telephone Number
Enclosed is a check for th	ne 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

Mastering BW LL	<u> </u>	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL 14000091480	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Shawn Williams dru ditsu. The new name must be distinguishable and contain the words "Limited Liabi	LLC lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	. 1	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address	2 17
	, Florida	
New Designation and Agent's Company of the proping Designation and Agent's	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and ; if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	ula		
	NA		
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			☐ Remove
			
			
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(If an effective date Note: If the date	e, if other than the oute is listed, the date must late inserted in this blo fective date on the De	be specific and ck does not r	d cannot be primeet the app	rior to date of fi blicable statute	ling or more than '		ling.) Pursuant to	
	pecifies a delayed day after the reco			not an effe	ctive time, a	t 12:01 a.ı	m. on the ea	rlier of:
Dated	September	22	. <u>201</u>	1				
		\sim	<u>-</u>					-
		Signatu a e p f a	inember or a	uthorized repre	sentative of a mer	nber		

Page 3 of 3

Filing Fee: \$25.00