L14000126 F71

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COVER LETTER

TO: Regis Divis	stration Secti sion'of Corpb	on rations		
	MOBILE DO.	IO LLC		
SUBJECT: _	,	Name of Limi	ted Liability Company	
The enclosed	Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return a	all correspond	ence concerning this matter t	to the following:	
		LUIS F. COLON		
			Name of Person	
		MOBILE DOJO LLC		
			Firm/Company	
		13742 SW 147 CIRCLE LA	ANE	
		MIAMI FL 33186		
			City/State and Zip Code	
	,	jmgaccounting@yahoo.com		•
			o be used for future annual report notif	neation)
For further inf	formation cond	cerning this matter, please ca	ıll:	
LUIS F. COL	ON		786 273-2781	
	Name of Pe	erson	Area Code Daytime	e Telephone Number
Enclosed is a	check for the f	following amount:		
姓 \$25.00 Fi	ling 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

MOBILE DOJO LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our reconited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Com Florida document number L14000126871	pany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
MOBILE MARTIAL ARTS LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
(Principal office address MUST BE A STREET ADDRES	<u></u>	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- 10
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		P
B. If amending the registered agent and/or registered	ed office address on our recor	-
registered agent and/or the new registered office address		5
		240
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ess
	ı	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 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>	Name	Address	Type of Action
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