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FILING CANCELLED RETURNED CHECK

2017 DEC 11 AM 9: 80 SECRETARY OF STATE
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COVER LETTER

FILING CANCELLED RETURNED CHECK

Division of Corporation	s	014 (22
SUBJECT: Central 1	Name of Limited Elability Company	 —
	Name of Emittee Elabitity Company	
The enclosed Articles of Amendm	ent and fee(s) are submitted for filing.	
Please return all correspondence of	 oncerning this matter to the following: 	
	Emiliano Cardona Ja	j
	Name of Person (Textrul (ity Jiu) itsu Firm/Company 504 W. Warren Are Address	
	Firm/Company	
	504 W. Warren Are	
	City/State and Zip Code Miliano Cardona & gmail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning	`II	
_ Zmiliano Co	at (8/3) 787-1696 Area Code Daytime Telephone Nu	
Name of Person	Area Code Daytime Telephone Nu	mber
Enclosed is a check for the follow	ng amount:	
	crtificate of Status Certified Copy Cert (additional copy is enclosed) Certi	O Filing Fee, ificate of Status & ified Copy ional 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

FILING CANCELLED RETURNED CHECK

Central City Jiu Jitsu and Self Defense	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited I.	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number 114000157850	•
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:
Gracie Martial Arts Tampa LLC723	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	723 W Columbus Dr
Principal office address MUST(BE A STREET ADDRESS)	Suite B
	Tampa, FL 33602
Enter new mailing address, if applicable:	
Mailing address MAY BE'A POST OFFICE BOX)	
·	
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the ne
registered agent and/or the new registered office address here	F = 5.
	77 T
Name of New Registered Agent:	<u>≥</u>
New Registered Office Address:	SE C
New registered office reducess.	Enter Florida street address
	Florida Co. 24
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>5</u>
hereby accept the appointment as registered agent and agre	or to get in this compain. I further garage to comply with the
rovisions of all statutes relative to the proper and complete p	
ccept the obligations of my position as registered agent as p	rovided for in Chapter 605, F.S. Or, if this document is
eing filed to merely reflect a change in the registered office of	address. I hereby confirm that the limited liability
ompany has been notified in writing of this change.	
If Chan	ging 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 FILING CANCELLED AMBR = Authorized Member RETURNED CHECK Address <u>Title</u> **Name** ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove □ Change □ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change

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Effective date, if other that fan effective date is listed, the date	te must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	605.020
Note: If the date inserted in the	nis block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	listed as
document s circuit and on t	Peparanent of State S records.	
ne record specifies a del	 ayed effective date, but not an effective time, at 12:01 a.m. on the ea	arlier o
The 90th day after the	record is filed.	3,,,,,,,
7 December	2017	
Dated	. 2017	
*		
<u> </u>	Signature of a member or authorized representative of a member	-
	[] 	
Emiliano Cardona	li e	-
	Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00