45000085771

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				





600293032566

01/30/17--01009--022 **25.00

17 JAN 30 PH 12: 48

J. HARRIS

COVER LETTER

Division of Corporations					
SUBJECT: My Extreme MMA 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:					
Name of Person					
Firm/Company					
12812 SW 122nd Ave					
Miami Fl 33186 City/State and Zip Code					
E-mail address: (to be used for figure annual report notification)					
For further information concerning this matter, please call:					
Name of Person at (786) 5766-1817 Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\Bigcup \text{\$\$30.00 Filing Fee & Certificate of Status}\$\$\$Certificate of Status & Certified Copy (additional copy is enclosed)\$\$\$Certified Copy (additional copy is enclosed)\$\$\$}\$\$\$					

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Lia	bility Company as it now appears on our records.)	<u></u>
(A Flo	rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1,150006	y Company were filed on <u>5 14 2015</u>	and assigned
This amendment is submitted to amend the following	Ç	
A. If amending name, enter the new name of the l	Jitsu LLC	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		
		Comm
Enter new mailing address, if applicable:		
* **		3 45
(Mailing address MAY BE A POST OFFICE BOX)		
		- 15
		F
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, <u>enter</u> address bere:	the name of the ne
registered agent and/or the new registered office a	autress nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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>	<u>Name</u>	<u>Address</u>	Type of Action
		<u> </u>	Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			☐ Change
			Add
	/		□ Remove
			☐ Change
			Add
	V		□ Rèmove
			□ Change
			72
			□ Change
			□ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach addition)	onal sheets, if necessary.)
	<u></u>
<u>'</u>	
· · · · · · · · · · · · · · · · · · ·	
E. Effective date, if other than the date of filing: 1.25-14 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or n Note: If the date inserted in this block does not meet the applicable statutory filir document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective (b) The 90th day after the record is filed.	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) able statutory filing requirements, this date will not be listed as the sit an effective time, at 12:01 a.m. on the earlier of: A. Orized representative of a member Sch nayle of signee 23 of 3
Dated January 24 2017. Signature of a member of authorized representative	of a member
Madine Cowley Typed or printed name of signee	
	PH
Page 3 of 3 Filing Fee: \$25.00	2: 48
Fining CCC. 925.00	•.