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COVER LETTER

TO: Registration Division of C	Section: Corporations	
	Florida Warriors LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corre	spondence concerning this matter to the following:	
	Nicola Walker	
	Name of Person	
	Central Florida Warriors LLC	
	Firm/Company	
	394, Hickory Springs Place	
	Address	
	DeBary, FL 32713	
	City/State and Zip Code	
	njsw1981@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information	n concerning this matter, please call:	
Nicola Walker	386 279 9039 at ()	
Nan	ne of Person Area Code Daytime Telephone Number	
Enclosed is a check for	or the following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

(Name of the Limi	ited Liability Compa		
	(A Florida Limited I	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited L Florida document number L16000045803	iability Company	were filed on 4th April 2016	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		394, Hickory Springs Place DeBary FL 32713	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	enter the name of the ne
New Registered Office Address:	DeBary	Enter Florida street address	32713
	i)CDaiy	. Flor	ida 💯 📜 🔾

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>	Address	Type of Action
MGR	Craig Howitt	958 Tall Pine Drive	☐ Add
		Port Orange	■ Remove
		FL 32127	□ Change
			Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change
		-	Add
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ffective date, if other than th	e date of filing:		(optional)	
an effective date is listed, the date m	ust be specific and cannot be pri	or to date of filing or more	than 90 days after filing.) Pursuant to equirements, this date will not be	
ocument's effective date on the			equirements, this date will not be	nsicu as
e record specifies a delaye The 90th day after the re		ot an effective tim	e, at 12:01 a.m. on the ea	arlier of
28th April	, 2016	·		

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Typed or printed name of signee

Filing Fee: \$25.00