116000092566

(Re	equestor's Name)	111-1111-1111-1111-1111-1111-1111-1111-1111
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	egistration Sectivision of Corpo				
SUBJECT	Brooklyn Fith	poxing USA, LLC			
		Name of Limi	ted Liability Company		
		mendment and fee(s) are subm	_		
Please retu	m all correspond	lence concerning this matter t	o the following:		
		Juan Pablo Nebrera			
			Name of Person		
Brooklyn Fitboxing USA, LLC					
			Firm/Company		
		12906 SW 133rd Court Sui	te A		
			Address		
		Miami, FL 33186			
			City/State and Zip Code		
		pablo@brooklynfitboxing.cc E-mail address: (t	on be used for future annual report notif	ication)	
For further	information con	cerning this matter, please ca	11:		
Teresa De	La Rosa, CPA		305 385-1099 at ()		
	Name of P	erson	Area Code Daytime	Telephone Number	
Enclosed is	s a check for the	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

Brooklyn Fitboxing USA, LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited l	nny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited I Florida document number L16000092566	Liability Company	were filed on 05/11/2016	and assigned		
This amendment is submitted to amend the fol	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		, , ,	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		12906 SW 133rd Court Suite A			
Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33186	·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12906 SW 133rd Court Suite A Miami, FL 33186	1 10 mm mm		
			San O		
B. If amending the registered agent and registered agent and/or the new registered of			enter the mame of the		
Name of New Registered Agent:	Teresa De La F	Rosa, CPA			
New Registered Office Address:	12906 SW 133	rd Court Suite A			
		Enter Florida street address			
	Miami		ida 33186		
		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
MGR	Juan Pablo Nebrera	12906 SW 133rd Court Suite A	Add
		Miami, FL 33186	Remove
			_ □ Change
MGR	Miguel Angel De Pablos	12906 SW 133rd Court Suite A	■ Add
		Miami, FL 33186	Remove
			□ Change
			Add
			Remove
			☐ Change
			🗖 Add
			Remove
			Change
		2	Add Remove
			NY OF STATE Add
			Remove
			□ Change

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Note: I	ve date, if other the ective date is listed, the If the date inserted in ent's effective date of	n this block does n	ot meet the application	able statutory filing	re than 90 days a requirements,	otional) fter filing.) this date w	Pursuant to ovill not be l	605.0207 listed as
	ord specifies a c 90th day after t			t an effective ti	me, at 12:0		<u> </u>	
Dated	December	14th	, 2016				2. F	η = Π
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_								
_		Signature o	of a member or autho	orized representative of	of a member	STATE	<u>≥</u> :	

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Filing Fee: \$25.00