L16000 163 890

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dusiness Linky Warre) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|---|--|--|
| SUBJECT: Wo | Corde Name of Lim | ited Liability Company | ness Academy |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | Melis | Sa Hall Name of Person | |
| | Warrio | Or Combat & | - Fitness Academy |
| | 3421 Centr | Address | |
| | _ lakeland | City/State and Zip Code | |
| | | all we face I wa | |
| For further information co | oncerning this matter, please ca | | |
| Melissa Ho Name of | Person | at (<u>\$63</u>) Area Code D | 220 - 1979 Daytime Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| / 57 \$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

TO ARTICLES OF ORGANIZATION OF

| Warrior Combat | Company as it now appear | S Acad | eny | | |
|--|---------------------------------|--|-----------|------------|---|
| (Name of the Limited Liabilit (A Florida | Limited Liability Company) | 7 VII VIII 1 (C. V. | r | | |
| The Articles of Organization for this Limited Liability Co | ompany were filed on | 9-6-11 | o | and as | signed |
| Florida document number <u>L1600 163 890</u> | _ · | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limi | ted liability company he | <u>re</u> : | | | |
| The new name must be distinguishable and contain the words "Limi | ited Liability Company," the de | signation "LLC" or t | he abbrev | iation "I | .,L.C." |
| Enter new principal offices address, if applicable: | | | | | |
| Principal office address MUST BE A STREET ADDR | (ESS) | | | | |
| | | | 43.0 | 222 | |
| | | | |) <u> </u> | |
| Enter new mailing address, if applicable: | | | | AUG I | 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Mailing address MAY BE A POST OFFICE BOX) | | | | <i>\</i> 2 | : |
| | | | - | 375 | 5 · |
| B. If amending the registered agent and/or regist | torod office address on | ann pagarde ar | ton the | <u>.</u> | of the n |
| registered agent and/or the new registered office addi | | odi Tecorus, <u>er</u> | iter, the | пание | or the n |
| Name of New Registered Agent: | | · | <u> </u> | | |
| New Registered Office Address: | | | | | |
| New Registered Office Address. | Enter Flori | da street address | | | |
| | | , Florid | a | | |
| | 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|---------------------|----------------|
| Officer | Jonathan Walker | 610 Jessanda Circle | Add |
| | | Lakeland &1 33813 | Remove |
| | | | Change |
| Off: Cer | Kenneth Clayton | 433 Willow Run | D X_Add |
| | | lake band &1 33813 | Remove |
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| T2 T300 | |
| E. Effecti (If an eff | ve date, if other than the date of filing:(optional) retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) |
| HOLE. | If the date discreted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| docum | ent's effective date on the Department of State's records. |
| | |
| If the rec | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: |
| (b) The | 90th day after the record is filed. |
| | |
| Dated | July 29th . 2019. |
| | |
| | Lielissa Hall |
| | Signature of a member or authorized representative of a member |
| | 1 |
| | Melissa Hall |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00