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(Requestor's Name)
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(Business Entity Name)
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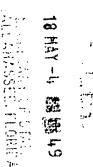
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COVER LETTER

Division of Corporations
SUBJECT: SOUTHPAW BOXING COMPANY, LLC 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:
DAVIS SCHLEICHER Name of Person
Firm/Company
325 Thornhill ESTATES Ct. Address
WINTER HAVEN, FL 33880 City/State and Zip Code
DAVIS SHLYKER OF FLORIDA. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAVIS SCHLEICHER at (863) 602-6576 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Scrifficate 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

SOUTHPAW BOXING (Name of the Limited Liability Compa (A Florida Limited)	COMPAN Inv as it now app	Y, LLC	ords.)	_
(A Florida Limited I	Liability Company	<i>'</i>)		
The Articles of Organization for this Limited Liability Company	were filed on	APRIL 2	20, 2017 and	d assigned
Florida document number <u>L1700088225</u> .			·	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company	<u>here</u> :		
SHLYKER OF FLORIDA, LLC The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	e designation "L	LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>
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·				-K
Enter new mailing address, if applicable:			58	- "
(Mailing address MAY BE A POST OFFICE BOX)			651-0- 651-0-	
			770	-
			<u></u>	- -
B. If amending the registered agent and/or registered of	ffice address	on our reco	ords, enter the na	 -
registered agent and/or the new registered office address her	<u>e</u> :		-	
Name of New Registered Agent:		,		
New Registered Office Address:				
Now Registred Office Address.	Enter Florida street address			
	, Florida			
	City	ر	Zip (Code
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete				

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DAVIS SCHLEICHER	325 Thornhill ESTATES Ct.	Add
		WINTER HAVEN, FL 33880	Remove
			Change
	- A - A - A - A - A - A - A - A - A - A		
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		73	
fective date, if other than the date of filing:	e of filing or more than 90 da	(optional) lys after filing.) Pursuan	it to 605.f
<u>ote:</u> If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	statutory filing requiremen	nts, this date will not	be listed
•			
record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12	2:01 a.m. on the	earlie
ited MAY Z, 2018. Dai Shift Signature of a member or authorized			
~ 11/			
Signature of a member or authorized DAVIS SCHLEICHER Typed or printed nar	representative of a member		

Page 3 of 3

Filing Fee: \$25.00