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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Wyn wood Wrestling Academy 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:
Joseph Watson Name of Person
Wyn Wad Wrestling Academy Firm/Company
8020 N.W 13 (T) Address
Mi ami, Fl 33 147 City/State and Zip Code
JE-mail address: (to be used for future authual report notification)
For further information concerning this matter, please call:
Name of Person at (76b) 602 0065 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ Certificate of Status \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

Wynwood Wrest Inc.	Academy LLC	
(A Florida Limited	any as it now appears on our records.) Liability Company	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1700012245&</u> .	were filed on <u>6/5/17</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	- NA	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	SS	•
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		he name of the ne
Name of New Registered Agent:	, , , , , , , , , , , , , , , , , , ,	
New Registered Office Address:	Engr 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, <u>enter the title, name, and address of each person_being adde</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member **Title Address** <u>Name</u> **Type of Action** Joseph Watson 9020 N. W. 13TH CT Main Fl & Add □ Remove ☐ Change MGR Carlos Hrrolgia _ ☑ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change . . / □ Remove ☐ Change □ Add ☐ Remove

_□ Change

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ective date, if other than the date of filing:		(ор	tional)		
effective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable	ate of filing or more statutory filing r	than 90 days aft equirements, tl	er filing. his date) Pursu: will no	ant to 605.026 ot be listed a
ument's effective date on the Department of State's records.					
					.,
record specifies a delayed effective date, but not ar he 90th day after the record is filed.	n effective tim	ie, at 12:01	a.m.	on th	e earlier
ed June 9 TH 2017					
(Not)					
		a member			

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Filing Fee: \$25.00