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COVER LETTER

TO: Registration So Division of Cor	rporations			
SUBJECT:	Rivero Siv-	Jitsu Self De	fense Academy, LI	LC.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Joseph	Tousch	<u></u> _	
	·	Name of Person		
		Firm/Company		
	811 Sw	1-3th AUE		
	Cape C	bral FL 339	91	
	E-mail address: (City/State and Zip Code City/State and Zip Code Com Com to be used for future annual report notif	st, wt	
For further information of	concerning this matter, please co	all:		
Jose Name (ph Tausch	at (<u>786</u> <u>444</u>] Area Code Daytime	974 Telephone Number	
Enclosed is a check for t	he 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

Rivero div-ditsu self Defense Academy, U.C.

The Articles of Organization for this Limited Liability Co	7/22	,
1 12000 1/11000	ompany were filed on 1/23	/17 and assigned
	<u> </u>	
Florida document number <u>L 17000 141046</u>	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	.L.C" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "l	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		9
(Principal office address MUST BE A STREET ADDR)	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our reco	ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address		
New Registered Office Address:	Enter Florida street ada	dress
New Registered Office Address:		FloridaZip Code

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= Ma AMBR= Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	A NOUK Rivero	3203 NE 14th PL Cape Corol, FL 33909	Add
		Cape Coral FL 3390	7 □ Remove
			Change
MGR	Joseph Tausch	811 SW 13th AVE	Add
((Remaining as Registered Agent)	g11 sw 13th Ave Cape Coral, FL 33991	Remove
	•	€	🗆 Change
			Remove PRO Change PAdd
			Refindve
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ective date, if other	than the date of	filing:7	/23/17	(or	otional) fter tiling.) Pursuant to 605.0
effective date is listed, t e: If the date inserted	he date must be specif I in this block does	ic and cannot be pri not meet the appl	or to date of filing of icable statutory fi	more than 90 days at ling requirements, t	fter tiling.) Pursuant to 605.0 this date will not be listed
ument's effective date	e on the Department	of State's record	ls.		
record specifies	delayed offert	va data but s	not an offoation	a time at 12:0:	1 a.m. on the earlier
he 90th day after			iot an enective	; time, at 12.0.	r a.m. on the earner
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Filing Fee: \$25.00