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(Re	questor's Name)	<u> </u>
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	= #)
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COVER LETTER

TO:	Registration Se Division of Cor		·*	
eun ii		dy Boxing Palm Beach Cou	nty LLC	
SUBJE	.cr:	Name of Lim	ited Liability Company	
The en	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Donna L Balet		
			Name of Person	
		Rock Steady Boxing Pal	lm Beach County LLC	
			Firm/Company	
		6907 Briarlake Circle		
			Address	
		Palm Beach Gardens, F	L 33418	
		donnabalet@gmail.com	City/State and Zip Code	
		- -	to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Donna	ı L Balet		561 624-5000	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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

Rock Steady Boxing Palm Beach County LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on December 26, 2017 and assigned Florida document number <u>L17</u>000261258 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rock Steady Boxing Palm Beach County LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

, Florida

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>	Address	Type of Action
MGR	Donna L Balet	6907 Briarlake Circle, Palm Bea	■ Add
			Remove
			Change
			Add
			■ Remove
			Change
			□ Remove
			Change
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			32 dd
			Remove
			Change
			Add
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			Change

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iffective date, if other than	the date of filing:	(optional)
f an effective date is listed, the date	must be specific and cannot be prior to date of filing or mor	e than 90 days after filing.) Pursuant to 605,0207
	is block does not meet the applicable statutory filing to be Department of State's records.	requirements, this date will not be listed as
e record specifies a dela	iyed effective date, but not an effective tin	ne, at 12:01 a.m. on the earlier of
The 90th day after the		
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Dated August 1	2018	
(,	barre Opan 1	
λ	Signature of a member or authorized representative of	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00