L18000101778

(Requestor's Name)	
(Address)	200330109742
(Address)	200000100742
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	05/31/1901016020 **25.00
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	FUTURE SCHOO	OL OF JIU JITSU LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	TI	IAISIO DA COSTA FELIZ	
		Name of Person	
	FUTUR	E SCHOOL OF JIU JITSU LI.	.C
	Firm / Company		
		893 SW KOLER AVE	
		Address	
	PORT ST LUCIE. FL 34953		
		City/State and Zip Code	
	E-mail address: (nurejiujitsu@gmail.com to be used for future annual report n	otilication)
For further information c	oncerning this matter, please co	all:	
THAISIG	O DA COSTA FELIZ	at (<u>777</u>) <u>999-4032</u>	
Name o	f Person	Area Code Dayı	ime Telephone Number
Enclosed is a cheek for t	he following amount:		
S≥ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUTURE SCHOOL OF JIU JITSU LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 04/23/2018 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned Florida document number L18000101778 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "Lt.C" or the abbreviation "T.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 MAYBE 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

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
AMBR	THAISIO DA COSTA FELIZ	893 SW KOLER AVE	⊠ Add
		PORT ST LUCIE, FL 34953	Remove
			Change
			 Add
			☐ Remove
			Change
			🗆 Add
		Change	
		□ Add	
			Remove
			Change
			Change
			Remove
			Change

amending an	ny other information, enter change(s) here: (Attach additional sheets, if necessary)
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f an effective dat Note: If the dat	c, if other than the date of filing:
e record sp The 90th d	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of lay after the record is filed.
ated	
	Signature of a member or authorized representative of a member
	THAISIO DA COSTA FELIZ Typed or printed name of signee
	Typed or printed name of signee