

L18 000225827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

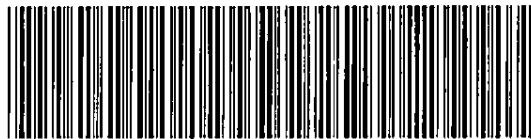
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/21/24 KH

2024 FEB -6 AM 8:53
STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: ALLIANCE BJJ 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:

NEI SEDA

Name of Person

Firm/Company

1051 BRIAR RIDGE RD

Address

WESTON, FL 33327

City/State and Zip Code

NEISEDA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NEI SEDA

at (786) 488-4645
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2024 FEB -6 AM 8:53
CLERK OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALLIANCE BJJ 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 09/24/2018 and assigned
Florida document number L18000225827.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4674 CORAL RIDGE DR

(Principal office address MUST BE A STREET ADDRESS)

CORAL SPRINGS, FL 33076

Enter new mailing address, if applicable:

4674 CORAL RIDGE DR

(Mailing address MAY BE A POST OFFICE BOX)

CORAL SPRINGS, FL 33076

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

City, Florida

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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	DANIELLA COSTA	1051 BRIAR RIDGE RD	<input checked="" type="checkbox"/> Add
		WESTON, FL 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PIERRE PASHE	8369 NW 123 RD WAY	<input type="checkbox"/> Add
		PARKLAND, FL 33076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PETER SPENCE	1051 SUNFLOWER CIRCLE	<input type="checkbox"/> Add
		WESTON, FL 33327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHRIS VAN SMITH	103 DOCKSIDE CIRCLE	<input type="checkbox"/> Add
		WESTON, FL 33327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2006 FEB 6 PM 4:53
STATE OF FLORIDA
SECRETARY OF STATE

2024 FEB -6

2024 FEB -6 AM 8:50
STATION
Pursuant to 606.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00