L19000166425

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section

Division of Co	rporations			
CHARLES AND AND	MARTIAL ARTS AND CONS	BULTANTS LLC		
SUBJECT:	Name of Lin	nited Liability Company	· · · · · ·	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Angie Terrell			
		Name of Person		
		Firm/Company		
	15140 Eastwood TRL		•	
		Address		
	Brooksville, FL 34604		·	
		City/State and Zip Code		
	arjt1982@gmail.com E-mail address: (to be used for future annual report no	otification)	
For further information c	oncerning this matter, please c	·		
lustin Terrell		352 2634886		
Name of Person		at () Area Code — Dayti	ime Telephone Number	
			•	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	El \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632		The Centre of	Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303



March 31, 2023

ANGIE TERRELL 15140 EASTWOOD TRL BROOKSVILLE, FL 34604 US

SUBJECT: CORTEZ MARTIAL ARTS AND CONSULTANTS LLC

Ref. Number: L19000166425

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams REGULATORY SPECIALIST II



Letter Number: 223A00007425

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited L Forida document number <u>L19000166425</u>		/30/2022 and assigned
his amendment is submitted to amend the fol	lowing:	
If amending name, <u>enter the new name o</u>	of the limited liability company b	ere:
rimal Striking and BJI LLC		
he new page must be distinguishable and contain the	words "Lomited Liability Company" the c	-
nter new principal offices address, if appli	cable:	2023 APR
Principal office address MUST BE A STRE	E <u>T ADDRESS)</u>	3 7
		-
ater new mailing address, if applicable:		ASSET D
Maiking address MAY BE A POST OFFICE	BOX)	TE Ö
		rri 7
. If amending the registered agent and/or gent and/or the new registered office addre		ecords, <u>enter the name of the new regist</u>
Name of New Registered Agent:	Angie Terrell	
New Registered Office Address:	15140 Eastwood TRL	
	Enter Flo	rida street address
	Brooksville	, Florida ³⁴⁶⁰⁴
	Ça:	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>	Address	Type of Action
AMBR	Justin Terrell	15140 Eastwood TRL Brooksville, FL 34064	= Add
			□Remove
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Signature of a monther of authorized representative of a member			-: ::	
Signature of a monitor of authorized representative of a member		11/2-17		
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Filing Fee: \$25.00