

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
<u> </u>	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
· · · · · · · · · · · · · · · · · · ·		<u> </u>

Office Use Only

700335123627

10/08/19--01005--083 **30.00

A DOLL OF BY 2: 31

Dund

00T 2 U 2019 D CUSHING

COVER LETTER

ΓΟ: Registration Sec Division of Corp					
SUBJECT: <u>人</u>	EG Boxing - MM Name of Limi	A LLC ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Luis	Lizardo Name of Person			
	uf G Bu	Ling-MMA LLC			
	34451 Blu	ASh Ct. Address			
		hape FL 33549 City/State and Zip Code	<u> </u>		
		City/State and Zip Code A 20 @ a ma, . coma to be used for future annual report notifi		3	4 - 1/2 - 1/2 - 1/3
For further information co	oncerning this matter, please ca	•		19 001 -9	
Luis Liza Name o	R d D f Person	at (<u>813</u>) <u>300 - 30</u> Area Code Daytime	7 Telephone Number	CH 2: 31	الت
Enclosed is a check for th	ne following amount:				菱
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of Certified Copy (additional copy)	Status & y	

MAILING ADDRESS:

ı

TO:

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

	cing-MMA, LLC	
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number <u>L 19000233633</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regi	istered office address on our records, <u>ente</u>	
registered agent and/or the new registered office add	dress here:	7
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	
	City	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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			Add
		 	☐ Remove
		Change	
			Add
			□ Remove
			Change
		Remove	
		☐ Change	
			☐ Remove

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	Name change only please For existing MGR.
-	
-	change From: Ingeld Medeano
_	TO: Ingrid Santos
_	
-	
_	
-	
-	
-	
_	
_	
-	
_	
-	
f an eff Note:	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	OC+ 4 2019
	Alpa - E
	Signature of a member or authorized representative of a member
	inis limando
	Luis Lizardo Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00