

L19000277497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

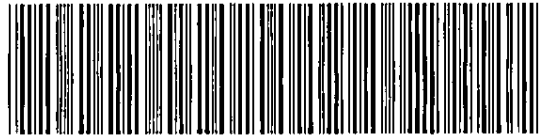
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 FEB -5 11:32 AM

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STATE CLERK OF STATE
OFFICE OF CORPORATIONS
20 FEB -5 PM 3:35

Amend

FEB 06 2020

D CUSHING

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. Elevate Mixed Martial Arts LLC

(Corporation Name)

Document #

2.

(Corporation Name)

Document #

☒ Walk in

☐ Pick up time

☐ Mail out

☐ Apostil

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domesitication

☐ Other

AMMENDMENTS

☒ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

EXAMINER'S INITIALS: _____

FILED
SECRETARY OF STATE
2008-05-05 PM 3:35
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Elevate Mixed Martial Arts 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:

Preston Parsons

Name of Person

Elevate Mixed Martial Arts LLC

Firm/Company

1250 Shetter Avenue Unit 5

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

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

For further information concerning this matter, please call.

Cord Poe

Name of Person

904 472-9794
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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 Address:

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

20 FEB -5 PM 3:35

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CLERK OF STATE
DIVISION OF CORPORATIONS

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

Elevate Mixed Martial Arts 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 Nov 6 2019 and assigned
Florida document number L19000277497.

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:

(Principal office address MUST BE A STREET ADDRESS)

1250 Shetter Avenue Unit 5

Jacksonville Beach, FL 32250

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1250 Shetter Avenue Unit 5

Jacksonville Beach, FL 32250

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:

1250 Shetter Avenue Unit 5

Enter Florida street address

Jacksonville Beach

Florida 32250

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the document is effective on that date.)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
 Note: If the date inserted in this block does not meet the requirements of 605.0207 (3)(b), the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 January 31 2020

Fernando Furman

Signature of a member or authorized representative of a member

Preston Parsons

Typed or printed name of signee