

L20 000 117132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

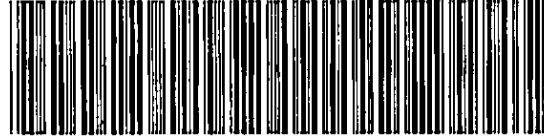
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000349732220

08/05/20--01014--010 --30.0L

FILED
2020 AUG -5 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FL

9-24-20

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: TAURA MMA CHAMPIONSHIP 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:

Pamella Barnett

Name of Person

Ogc Associates Orlando Corp

Firm/Company

7065 WESTPOINTE BLV STE 303

Address

ORLANDO, FL 32835

City/State and Zip Code

info@ogcorlando.com

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

FILED
2020 AUG -5 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

PAMELLA BARNETT

407 985-4404
at ()

Name of Person

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

FILED
2020 AUG -5 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FL.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L20000117132

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

_____, Florida _____
City *Zip Code*

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>
AMBR	LEONARDO SILVA LEO	5649 FOX HOLLOW DRIVE APT B	<input type="checkbox"/> Add
		BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CAROLINA BRUM PITTHAN	1660 CELEBRATION BLVD APT 303	<input checked="" type="checkbox"/> Add
		CELEBRATION, FL 34747	<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 AUG -5 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2020 AUG - 5 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Dated July 24th 2020

Dysmatoplasia

DJONATAN PIELESKI LEAO

Typed or printed name of signee