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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fight bro USA, LLC
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Larry Paul Deringer  Name of Person  Fightbro USA, LLC
Name of Person
Fight bro LISA, LLC
Fini/Company
2389 Birdie Ln
Address
Spring Hill FL 34606 City/State and Zip Code
clavid weepa @ 9 mail. Com  E-mail address: to be used for future annual report notification)
E-mail address: to be used for future annual report notification)
For further information concerning this matter, please call:
David W. Lee, Esquire at 727, 480 - 0594
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcia \text{\$30.00 Filing Fee & Book Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\Bigcia \text{\$560.00 Filing Fee & Book Filing Fee & Certified Copy (cadditional copy is enclosed)}\$\Bigcia \text{\$560.00 Filing Fee & Certified Copy (cadditional copy is enclosed)}\$
Mailing Address:  Registration Section  Street Address:  Registration Section
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314  Tallahassee, FL 32303  Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF 2020 AUG 14 Pit 4: 55

Fightbro USA, LLC

(A Florida I.	imited Liability Company)	a our records.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 2 000 017009 4</u>	npany were filed on $\frac{\int C}{\int C}$	une 18, 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the desig	nation "LLC" or the abbreviation "ULC"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
		·
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida
	•	Zip Code
New Registered Agent's Signature, if changing Registered &	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered ages being filed to merely reflect a change in the registered company has been notified in writing of this change.	uplete performance of my nt as provided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is

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 2529 AUG 14 PH 4: 55

<u>Title</u>	Name	<u>Address</u>	Type of Action
Manager	Eric P. Deringer	174 Isley Ct.	□Add
J		Easley, SC 29640	Kemove
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	eg v <sup>ertt</sup>		□Remove
			□ Change
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ctive date, if other than the effective date is listed, the date mu If the date inserted in this b	st be specific and cannot be	prior to date of filing or	more than 90 days	after filling.) Pursuant (	to 605,0
ment's effective date on the E	epartment of State's reco	ords.	ing requirements	this bace was take o	e marce
ord specifies a delayed effectiv filed.	re date, but not an effecti	ve time, at 12:01 a.n	on the earlier o	f: (b) The 90th day	v alter i
08/11/2020					
	X X 1/1#	authorized representati			_

Filing Fee: \$25.00