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(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name	s)
(Document Number)	<u> </u>
Certified Copies Certificates o	of Status
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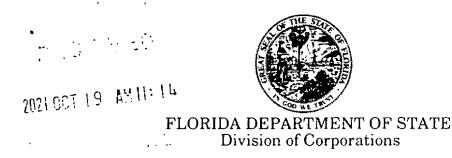
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SECRLIARY OF STATE



September 30, 2021

JAIME RODRIGUEZ 11538 BRIGHTON KNOLL LOOP RIVERVIEW, FL 33579 US

SUBJECT: FL SCORPIONS WRESTLING CLUB LLC

Ref. Number: L21000002162

We have received your document for FL SCORPIONS WRESTLING CLUB LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Letter Number: 421A00023693

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

COVER LETTER

· TO:

Registration Section

Divi	sion of Co	rporations					
SUBJECT:	FL	SCORPIONS D	NRESTLING	CEUBB 2	16 Pels	EP 21 AH 7	: 59
		Name o	of Limited Liability Cor	npany			
The enclosed	Articles of	f Amendment and fee(s) a	re submitted for filing	} .			
Please return	all corresp	ondence concerning this n	natter to the following	;			
		TAI	M < RODRIG	quez			
			Name of F	'erson			
		FL S	CORPIONS W	RESTLING (CLUB		
			Firm/Con	ipany			
		11538 BA	CIGHTON KA	VOLC LOOP			
			Addre	SS			
•		RIVERVI	ew, FL	33579			
		THIME RIDK E-mail add	ress: (to be used for fut	ure annual report notif	ication)		
For further in	formation	concerning this matter, ple	ease call:				
THIM	e Rob	ORI FINES	at (_ <i>97</i>	13) 670 - 9	1892		
	Name	of Person	Area	Code Daytime	: Telephone Number		
Enclosed is a	check for t	he following amount:					
□ \$25.00 Fi	lling Fee	☑ \$30.00 Filing Fee & Certificate of Stat	us Certified	-	S60.00 Filing Certificate o Certified Co (additional copy	f Status & py	
	ing Addre			Street Address: Registration Sec	ction		
	ision of C . Box 63:	Corporations		Division of Corp The Centre of Ta			
		FL 32314			Street, Suite 810		

Tallahassee, FL 32303

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

FILED

2021 OCT 19 AM 1: 45

(Name of the Limited Liability Comp (A Florida Limited	TLING CLUB LESECRETARY OF STATE any as it now appears on our records. Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $12/22/20$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company " the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	JAIME RODAIKNEZ
(Principal office address MUST BE A STREET ADDRESS)	11538 BRIGHTON KNOLL LOOP
	THIME RODRIGATE 11538 BRIGHTON KNOLL LOOP RIVERVIEW, FL 33579
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11538 BRISHTON KNOLL LOOP RIVERVICE, FL 33579
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Mine	RODRIGUEZ
New Registered Office Address: 11538	BRISHTON KNSLL LOSP Enter Florida street address
RIVER	View Florida 33579 Zip Code
New Registered Agent's Signature if changing Registered Agent	S.,

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
	BLAINE JONES	12813 SATIN LILY OR	□Add
		RIVERVIEW, FL 33579	DRemove
			□ Change
	EMILY JONES	12813 SATIN LILY DA	□Add
		RIVERVIEW, FL 33579	Kemove
			□Change
			🗆 Add
			□Remove
			□Change
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n ett <u>te:</u>	we date, if other than the date of filing:
is fii	
ted	Jame Rodrigue Signature of a member or authorized representative of a member
	faime Rafrique
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00