

L21 000 294887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED

2022 FEB 11 AM 6:40

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
MAR - 1 2022



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 FEB 11 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FL

January 13, 2022

VAZQUEZ, EFRAIN J
2406 BRANCH WAY, APT 204
MAITLAND, FL 32751

SUBJECT: INMOTION MARTIAL ARTS LLC
Ref. Number: L21000294887

We have received your document for INMOTION MARTIAL ARTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 322A00001069

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

2022 FEB 11 AM 6:40

(Name of the Limited Liability Company as it now appears on our records) Y OF STATE
(A Florida Limited Liability Company) TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/15/2021 and assigned
Florida document number L21000294887.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INVICTUS MMA & FITNESS LLC

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)

2406 Branch Way
Apt 204 Marietta, FL
32751

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2406 Branch Way Apt 204
Marietta, FL 32751

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: _____

Enter Florida street address

City Florida 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]

[illegible]

(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)

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.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00