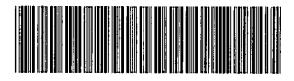
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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2022 FEB | | RM 6: 40

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## RECEIVED

## FLORIDA DEPARTMENT OF STATE 2022 FEB | | AM 8: 2| Division of Corporations

Letter Number: 322A00001069

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

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2022 FEB 11 RM 6: 40

(Name of the Limited Liability Comp	pany as it now appears of our records.  Liability Company) TALLERS	Y OF STATE
(A Florida Limited	TALLA!	ASSEF, FI
The Articles of Organization for this Limited Liability Company	y 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 lia	bility company here:	
INVICTUS MMA & FITNESS LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2406 Brand	n Wau
(Principal office address MUST BE A STREET ADDRESS)	Apt 204 Ma.	Hand, FL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2406 Branch Mailland, FL	Way Apt 204 32751
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 tl</u>	he name of the new regi
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:		
	Enter Florida street address	
	Enter Florida street address	ridaZiD Code

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>	Name	Address	Type of Action
AMBR	Julia Martinez	2406 Branch Way Apt 204 Maitland,FL 32751	🗆 Add
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ective date, if other than the effective date is listed, the date mu e: If the date inserted in this burnent's effective date on the D	st be specific and cannot be prock does not meet the app	licable statutory filing	(optional) re than 90 days after filing. requirements, this date	) Pursuant to 605,020 will not be listed a
cord specifies a delayed effectives filed.	e date, but not an effective	e time, at 12:01 a.m. o	n the earlier of: (b) Th	e 90th day after the
December 15	2021	·		
1/2	L V -			
7	Signature of a member or au	thorized representative of	of a member	
(/ I				

Filing Fee: \$25.00