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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: Flor	ida Defensive Name of Limi	Training LLC ted Liability Company	·		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Christian	H Pevez Name of Person			
	Florida Da	Pfensive Training Firm/Company	LLC		
	5744 NE	4th AVE Address			
	Miam	Eity/State and Zip Code			
		ive Training & Gmail. Co	ication)		
For further information co	oncerning this matter, please ca		: ≅::	2921	
Christian F	Perez Z	at (786) 508 30 Area Code Daytime	O/S Telephone Number	1021 JUL 28 FM	
Enclosed is a check for th	ne following amount:		D.C. mini	61:4	الان . يه
\$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)	Ł	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Torica Defensive Ira	ning LLC
(Name of the Limited Liability Company as (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L 21000 329/89</u> .	filed on $\frac{07/20/2021}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	20
	AAD 1
Enter new mailing address, if applicable:	LAN 28
(Mailing address MAY BE A POST OFFICE BOX)	
	79
B. If amending the registered agent and/or registered office addre	ss 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
	ity Zip Code
New Registered Agent's Signature if changing Registered Agent	•

New Registered Agent's Signature, if changing Registered Agent:

T1 .1

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 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
MGR	Christian H Perez	5744 NE 4th AVE, Miamy FL 33137	_ tandd
			□Remove
			□Change
MGR	Franck Pala	5744 NE 4th AVE, Miumi, FL 33B	7 HAdd
			□Remove
			□Change
			□Add
			□Remove 2021 □Change 211 28 □Add Pr
			_ □Add P
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove

200 JUL 28 PM WAS	Effective date, if other than the date of filing:				-	
ALL	Effective date, if other than the date of filing: (Optional) (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 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister document's effective date on the Department of State's records. The 90th day after ord is filed. Dated O7/23/2021 Augustian O4/23/2021					
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Filing Fee: \$25.00