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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| TO: Registration Se Division of Cor | | | |
|--|---|---|--|
| | ss and Fight Sports, LLC | | |
| SUBJECT: | Name of Lin | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Kathryn Cole | | |
| | | Name of Person | |
| | Keys Fitness and Jiu Jitsu | LLC | |
| | | Firm/Company | |
| | 1165 Glenstone Court | | |
| | | Address | |
| | Conyers, GA 30012 | | |
| | | City/State and Zip Code | |
| | thewynmar@gmail.com | | |
| For first or information of | | to be used for future annual report no | tification) |
| | concerning this matter, please of | | |
| Kathryn Cole | | 404 213-4098 at () | |
| Name o | of Person | Area Code Daytii | me Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| □ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Sectificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address | | Street Address: | ection |
| Registration : Division of C | | Registration Se Division of Co | |
| P.O. Box 632 | 27 | The Centre of | Tallahassee |
| Tallahassee, | FL 32314 | 2415 N. Monn | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Keys Fitness and Fight Sports, LLC | |
|---|------------------------------------|
| (Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company) | cords.) |
| The Articles of Organization for this Limited Liability Company were filed on July 23, 2021 | and assigned |
| lorida document number L21000336059 | |
| his amendment is submitted to amend the following: | |
| . If amending name, enter the new name of the limited liability company here: | |
| Keys Fitness and Jiu Jitsu LLC | |
| he new name must be distinguishable and contain the words "Limited Liability Company," the designation " | "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| nter new mailing address, if applicable: | |
| Mailling address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| . If amending the registered agent and/or registered office address on our records, er | nter the name of the new register |
| gent and/or the new registered office address here: | |
| | |
| Name of New Registered Agent: | · |
| New Registered Office Address: | |
| Enter Florida street ac | ddress |
| | , Florida |
| City | 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 | |
|--------|------------|--------|
| AMRR = | Authorized | Member |

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|--------------|----------------|
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| ffective date, if other an effective date is listed, it lote: If the date inserted ocument's effective date | ne date must be specific in this block does n | and cannot be prior to tot meet the applica | o date of filing or more ble statutory filing t | (options e than 90 days after fili requirements, this da | ig.) Pursuant to 605.020 |
| record specifies a delayer is filed. | d effective date, but | not an effective tin | ne, at 12:01 a.m. on | the earlier of: (b) | The 90th day after the |
| August 20 Dated | | 2021 | | | |
| Dalou | | , | <u> </u> | | |
| | 77. Kla | | | | |
| | T. J. Kell Signature s | T a member or author | ized representative of | a member | ····· |

Filing Fee: \$25.00

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| ffective date, if other | er than the date of | filing: | | (opti | onal) |
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| ocument's effective d | ate on the Departmen | it of State's record | 9. | | |
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| record specifies a dela l is filed. | ayed effective date, bu | not an effective | time, at 12:01 a.m. | on the earlier of: (l |) The 90th day after the |
| | | | | | |
| Dated August 20 | | 2021 | | | |
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| 11/10 | w). Wel | h/ | | e of a member | |
| 11/10 | Signature | of a member or aut | horized representative | e of a member | |

Filing Fee: \$25.00