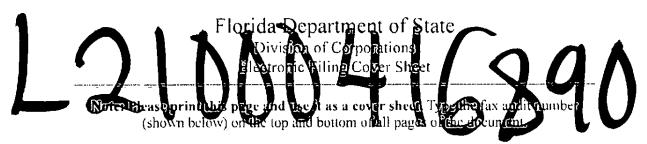
To:



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORUSA INC. Account Number : I20200000118 Phone : (305)260-6968

Fax Number : (786)513-7810

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELITE MARTIAL ARTS EUA LLC

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M. SOLOMON

SEP 2 5 2024

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Help

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE MARTIAL ARTS EUA LLC					
(Name of the Limited Liability Comp (A Florida Limited	env as it now appears on our records.) Linbility Company)	**************************************			
The Articles of Organization for this Limited Liability Compan Florida document number 9/21/2021	y were filed on L21000416890	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here:				
The new name must be distinguishable and contain the words "Limited Liab	ollity Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	14873 N DALE MABRY HWY				
(Principal office address MUST BE A STREET ADDRESS)	TAMPA FL 13618				
		SE 2021			
		SEP SEP			
Enter new mailing address, if applicable:	14873 N DALE MABRY HWY	- 1 P			
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA FL 33618				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	office address on our records, <u>ente</u>	r the name of the new			
New Registered Office Address:	77 . 77 . 1				
	Enter l'Iorida street address	MABRY HWY 618 To our records, enter the name of the new rida street address The control of the new ridge street address The con			
	, Florida _	7 in Code			
New Registered Agent's Signature, if changing Registered Agent	•	Lip Com			
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am provided for in Chapter 605, F.S. O	n familiar with and r, if this document is			
If Cha	inging Registered Agent, Signature of New	Resistered Assul			

7 n Page: 5 of 6

From; Paloma Duarte

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

Title	Name	Address	Type of Action
AMBR	BALBUENO FRAGA, PAULO	19803 LONG LAKE RANCH BLVD	
		LUTZ, FL 33558	□ Remove
			Change
AMBR	SAGGIN FRAGA, ALESSANDRA	19805 LONG LAKE RANCH BLVD	□ □ Add
		LUTZ, FL 33558	Remove
			☐ Change
<u></u>			□ Add
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Sective date, if other the an effective date is listed, the lote: If the date inserted in ocument's effective date o	date must be specific a 1 this block does not	nd cannot be prior to t meet the applicabl	date of filing or more e statutory filing r	(option than 90 days after frequirements, this	iling.) Pursuant	to 605.0207 c listed as
e record specifies a d The 90th day after ti			an effective tin	ne, at 12:01 a.	m. on the (earlier of
AUGUST 12		2024				
			·			
	Signature of	a premier or authoriz	ed representative of	a memper.		_
		, ,				

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