

9/23/24, 12:32 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L21000416890

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To: Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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

Certificate of Status	0
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Page Count	04
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M. SOLOMON
SEP 25 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE MARTIAL ARTS EUA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on L21000416890 and assigned
Florida document number 9/21/2021.

This amendment is submitted to amend the following:

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

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:

14873 N DALE MABRY HWY

(Principal office address MUST BE A STREET ADDRESS)

TAMPA FL 33618

Enter new mailing address, if applicable:

14873 N DALE MABRY HWY

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA FL 33618

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

, 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

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	BALBUENO FRAGA, PAULO	19805 LONG LAKE RANCH BLVD	<input type="checkbox"/> Add
		LUTZ, FL 33558	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAGGIN FRAGA, ALESSANDRA	19805 LONG LAKE RANCH BLVD	<input type="checkbox"/> Add
		LUTZ, FL 33558	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

