

L21000473605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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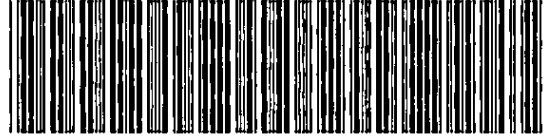
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FREESTYLE GRAPPLERZ LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason A Jimenez

Name of Person

FREESTYLE GRAPPLERZ LLC

Firm/Company

6411 Bonnie Bay Circle North

Address

Pinellas Park FL 33781

City/State and Zip Code

freestylegrappling22@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Jimenez

727

692-4352

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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)

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

SECRET
TALLAHASSEE
DIVISION OF CORPORATIONS

2022 NOV 16 AM 11:57

11/16/22

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FREESTYLE GRAPPLERZ 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 11/01/2021 and assigned
Florida document number 121000473605.

This amendment is submitted to amend the following:

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

n/a

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:

(Principal office address MUST BE A STREET ADDRESS)

7253 Parkside Villas Drive North

Saint Petersburg FL 33709

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7253 Parkside Villas Drive North

Saint Petersburg FL 33709

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:

7253 Parkside Villas Drive North

Enter Florida street address

Saint Petersburg

City

, Florida 33709

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.


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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jason A Jimenez	7253 Parkside Villas Drive North	<input type="checkbox"/> Add
		Saint Petersburg Fl 33709	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Gregory J Munroe	607 46th Avenue North Street	<input type="checkbox"/> Add
		Saint Petersburg Fl 33703	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Amending = updating RA principle address & office address & mailing address for Jason A Jimenez

Amending = updating RA address for Gregory J Munroe

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FALL

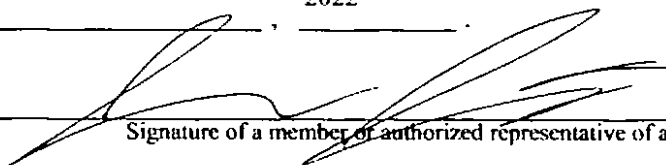
E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 7th, 2022



Signature of a member or authorized representative of a member

Jason A Jimenez

Typed or printed name of signee