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Y. SCOTT DEC 16 2021

COVER LETTER

	Registration Sec Division of Corp				
cupuc		artilaarts LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	_		
		Arthur Vazquez			
			Name of Person	***	
		Dungeon Martialarts LLC			., 2
			Firm/Company		921 E
		15792 SW 145th Terrace			
			Address	· · · · · · · · · · · · · · · · · · ·	<u> </u>
		Miami, FL 33196			SET ST
			City/State and Zip Code		1916 105
		E-mail address: (to be used for future annual repo	rt notification)	
For furthe	er information co	oncerning this matter, please c	all:		
Arthur V	azquez		786 339551 at ()		
	Name of	Person	Area Code D	Daytime Telephone Num	iber
Enclosed	is a check for th	e following amount:			
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certif D Certif	O Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
]]	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7 FL 32314	The Centre 2415 N. Me		e 810
, 	Check t Floridu of Sta	Dept.			
	of St	ate.			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dungeon Martialarts LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our r nited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 11/08/2021		and assigned
Florida document number L21000482572			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited	l liability company here:		
Dungeon Martial Arts LLC			
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LI.C" or the abbre th	gion "L.L.C."
Enter new principal offices address, if applicable:			7 77 78 1 1
Principal office address MUST BE A STREET ADDRES	<u>S)</u>		
	~ 	(i) 1	المسلم.
		2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	L
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	-		
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	fice address on our records, <u>e</u>	enter the name of	the new regis
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street o	address	
		Florida	
	City		p 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 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>	Name	<u>Address</u>	Type of Action
			□Add
		W-1	□Remove
			□Change
			□Add
			20 DRemove
			<u>on</u> □Change
			20 Remove 7 Change 6 PH 2 05
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Standard Brook and an about the complete	(and an all
an effective date is listed, the date must be specific and cannot be	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
ote: If the date inserted in this block does not meet the a ocument's effective date on the Department of State's rec	pplicable statutory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effect	ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	•
No. 10 2021	
November 30 2021	·
1/ 3 1/0-	
Signature of a mumber or	authorized representative of a member
Signature of a inclinaci of	