L2300006758

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COVER LETTER

	istration Sec ision of Corp					
SUBJECT:	New Origin	Jiu Jitsu L.I.C				
SUBJECT.		Name of Limi	ted Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspor	ndence concerning this matter t	to the following:			
		Ted Connors				
			Name of Person			
		New Origin Jiu Jitsu				
			Firm/Company			
		905 Cotton Bay Drive W #	1112			
			Address			
		West Palm Beach, FL. 33406				
		City/State and Zip Code				
		NewOriginJJ@gmail.com E-mail address: (to be used for future annual report notification)				
			•	sauon)		
For further in	itormation co	ncerning this matter, please ca	Иł:			
Ted Connors			561 298 0544 at ()			
	Name of	Person		: Telephone Number		
Enclosed is a	check for the	e following amount:				
□ \$25.00 F	iling 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

The second second

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Origin Jiu Jitsu LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our r imited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L23000006758</u>	npany were filed on January 3, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
New Origin Development Group LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	"LLC" or the abbreviation? b.L.C 23
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	: ®
		SST
Enter new mailing address, if applicable:		700 00
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
——··		[11]
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, g	inter 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	addre ss
		_, 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
			□ Add
			Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
			□Remove
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ffecti	ve date, if other than the date of filing:
an effe	ve date, if other than the date of filing:
ocume	it is effective date on the Department of State's records.
recon	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
d is file	ed.
i	Pebruary 7 2023
ated	
	Signature of a member or authorized representative of a member
	Ted Connors

Filing Fee: \$25.00