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COVER LETTER

TO: Reg	gistration Se	ection porations				
	AV TRAIN	ING SYSTEMS LLC				
SUBJECT:						
		Name of Lim	nited Liability Company	,		
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Alexander Vinarsky				
			Name of Person	;		
		AV TRAINING SYSTEMS	S LLC			
		7901 4th St N Ste 300	Firm/Company			
		7901 4th 5t in 5te 500				
•			Address			
		St Petersburg FL 33702				
		eracombatsports@gmail.com	City/State and Zip Code	~~		
			(to be used for future annual report notification)			
For further i	nformation c	oncerning this matter, please c	all:	10.		
Alex Vinarsi	ky		860 7486709 -	. · · · · · · · · · · · · · · · · · · ·		
	Name o	f Person	at ()	PH 4:		
				: 34 FL:		
Enclosed is	a check for th	ne following amount:				
□ \$2 5.00 I	Filing Fee	ব্ৰ্ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing F Certified Copy Certificate of S (additional copy is enclosed) Certified Copy (additional copy is	Status &		
	•					
Re Di	iling Addres gistration S vision of C D. Box 632	Section orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	,		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number EDV . 92 - 2030737+ This amendment is submitted to amend the following:	1/30/23	and assigned
A. If amending name, enter the new name of the limited liab	ility company here:	
ERA Combat Sports LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	19370 Collins Ave CU3	
(Principal office address MUST BE A STREET ADDRESS)	Sunny Isles Beach, FL 33160	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2801 NE 183rd St 2203 Aventura FL 33160	:
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	•	Z) (1)
	Enter Florida street address . Florida	
	City	Zin Coles

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

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