

L23000087188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

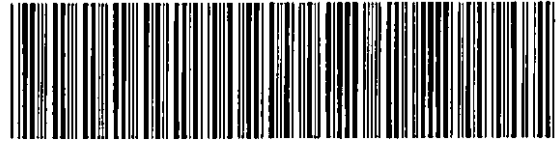
(Business Entity Name)

(Document Number)

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2022 MAY -9 PM 12:06
STATE
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WARRIOR AQUATIC CLUB 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:

YAND MARTINEZ

Name of Person



Firm/Company

11000 SW 202TH DR APT 75

Address

MIAMI, FLORIDA 33189

City/State and Zip Code

yamaxi@hotmail.com

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

For further information concerning this matter, please call:

YAND MARTINEZ

305 300-1270

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2007 MAY -9 PM 12:06

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

WARRIOR AQUATIC CLUB 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 02/17/2023 and assigned
Florida document number L23000087188.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

YURIS CALDERON

New Registered Office Address:

11000 SW 202TH DR APT 75

Enter Florida street address

MIAMI


City

Florida 33189

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	YURIS CALDERON	11000 SW 202TH DR APT 75	<input type="checkbox"/> Add
		MIAMI FLORIDA 33189	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	SARA CECILIA MONCADA	11000 SW 202TH DR APT 75	<input type="checkbox"/> Add
		MIAMI,FLORIDA 33189	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	YAND MARTINEZ	11000 SW 202TH DR APT 75	<input type="checkbox"/> Add
		MIAMI FLORIDA 33189	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ARTICLES IV-CHANGE NAME OF THE REGISTERED AGENT.

ARTICLES V-CHANGE NAME AND ADDRESS OF THE PERSONS AUTHORIZED TO MANAGE LLC

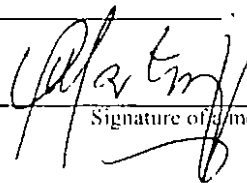
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 APRIL 26TH 2023



Signature of a member or authorized representative of a member

MGR

Typed or printed name of signee

STATE
OFFICE
MAY -9 PM 12:06
FL

Filing Fee: \$25.00