# Financial Department of State Division of Conforations Electronic Filling Gener Sheer

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000243237 3)))



H230002432373ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this	page.
Doing so will generate another cover sheet.	787
	<del>`</del>

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

ന	**EBE the	e email ad	ldress for	this	business	entity	to be	used	for	future
	Tannua a	l report (	mailings.	Enter	only one	email	addres	s ple	ase.	* *
_7	12851 101									
1	<u> </u>	Address:								_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIGHT ME COMBAT SPORTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

S. ROBERTS

Electronic Filing Menu

Corporate Filing Menu

Help JUL 1 2 2023

#### Fax: 81343652(

### ARTICLEŞ OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIGHT ME COMBAT S  (Name of the Limited Liability Compa (A Florida Limited	SPORTS LLC any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>03/02/2023</u>	and assigned
Florida document number <u>L23000110847</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	itity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2298 Bruner Lane	2023
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33912	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the i	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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.

7/11/2023 \$2:20:47 PDT

Ta: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 813436520

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	Address	Type of Action
AMBR	Jeannette Nowling	4982 HOWARD STREET	<b>∑</b> Add
		FORT MYERS, FL 33905	□Remove
			□ Change
	<del></del>		□Add
			□Remove
	<del></del>	<del></del>	□Add
			Remove
			□Change
		<del></del>	□ Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
		<del>.</del>	□Add
			□Remove
			Change

. Ifan	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
Note	tive date, if other than the date of filing:
he reco	ord 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 filed.
Date	July 11 <u>2023</u>
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Dobin Janea
	Robin Jones Typed or printed name of signee