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(R	equestor's Name)	- <u>-</u>
(A	ddress)	
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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	Gosling BJJ Z Name of Limit	とし ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Leor	nardo Amora Sis	1,mj
	Sosti	NJ BJJ LLC Firm/Company	
	11721 SW	52nd St Address	-11- <u></u>
	1	City/State and Zip Code	, , , , , , , , , , , , , , , , , , ,
-	E-mail address: (to	S Q yahoo. com	ification)
For further information cond	cerning this matter, please cal	n:	
Leonarde Name of Pe	Amara Sosling	at (<u>561</u>) <u>426</u> – Area Code Daytin	ne Telephone Number
Enclosed is a check for the t	ollowing amount:		
\$25.00 Filing 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

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

(1) (1) (1) (1) (1) (1) (1) (1) (1)	15 13 17 CCC
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number <u>LZ30004</u> 0	ability Company were filed on <u>08/28/2023</u> and assigned 3135.
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	the limited liability company here:
	F2
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREET	i .
The party office and essential beautiful beaut	7
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE E	<u></u>
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, <u>enter the name of the new regist</u> <u>s here</u> :
Name of New Registered Agent:	Leonardo gosling
New Registered Office Address:	11721 SW 52nd St Enter Florida street address
	City Florida 33330
	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.

> Seconardo Omore Sertis 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>	Name	Address	Type of Action
MGR	Legnarde Amera Josling	11721 SW S2nd st	⊡Add
	·	11721 SW S2nd St Cooper City - FL 33330	□Remove
			Change
			🗆 Add
			□Remove
			□Change
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the a cument's effective date on the Department of State's rec	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 60 pplicable statutory filing requirements, this date will not be list ords.
cord specifies a delayed effective date, but not an effect s filed.	ive time, at 12:01 a.m. on the earlier of: (b) The 90th day aft
ed Sept 6th Zoz	3
ed Sep + 6 th Conoulle Conoull	authorized representative of a member
Leonardo Typed or	