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| (Requ | uestor's Name) | |
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| (City/: | State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ness Entity Nam | ne) |
| (Docu | ment Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fil | ing Officer | |
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Office Use Only



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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

| Division of C | orporations | | |
|--|--|---|---|
| MIK | EY O ARMWRESTLING LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| | | | |
| The enclosed Articles | of Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | MICHAEL OLIVA | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 17537 MERIDIAN BLVE | | |
| | | Address | |
| | HUDSON, FL 34667 | | |
| | | City/State and Zip Code | |
| | mikeyoarmwrestling@gma | | |
| Para Frontis de la Carro de la | | to be used for future annual report not | ification) |
| ror lumner information | concerning this matter, please c | all: | |
| MICHAEL OLIVA | | 352 587-4343 | |
| Name | of Person | at () Area Code Daytim | ne Telephone Number |
| Enclosed is a check for | the following 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 Addr Registration | | <u>Street Address:</u> Registration Se | ction |
| Division of | Corporations | Division of Cor | rporations |
| P.O. Box 63 | 327 | The Centre of T | l'allahassee |

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MIKEY O ARMWRESTLING LLC | | |
|--|---|------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | any as it now appears on our record Liability Company) | <u> s.</u> |
| The Articles of Organization for this Limited Liability Company | were filed on 01/01/2024 | and assigned |
| Florida document number 1.23000552195 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC | " or the abbreviation 1.1C." |
| Enter new principal offices address, if applicable: | 18857 Sakera Road | |
| (Principal office address MUST BE A STREET ADDRESS) | Hudson, FL 34667 | 30 |
| Enter new mailing address, if applicable: | 18857 Sakera Road | 5: 5: 5: |
| (Mailing address MAY BE A POST OFFICE BOX) | Hudson, FL 34667 | 2 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | | |
| | Enter Florida street address | |
| | , F10 | orida Ziv 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 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> | Address | Type of Action |
|---------------------------------------|-------------------------|---------------------|----------------|
| MGR | OLIVA, MICHAEL | 17537 MERIDIAN BLVD | □Add |
| | | HUDSON, FL 34667 | ■Remove |
| | | | □Change |
| MGR | IGR MIKEY O FITNESS INC | 18857 SAKERA ROAD | Add |
| | | HUDSON, FL 34667 | □Remove |
| | | | □Change |
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| Tective date, if other than the o an effective date is listed, the date must star. If the date incorrect in this bloom | late of filing: | date of filing or more than 90 o | _ (optional) lays after (iling.) Pursuant to 605.0207 (3)(ents, this date will not be listed as the |
| ocument's effective date on the De | | ne statutory mang requirem | ins, this date will not be used as the |
| record specifies a delayed effective is filed. | date, but not an effective tim | e, at 12:01 a.m. on the earli | er of: (b) The 90th day after the |
| AUGUST 8 | 2024 | _ • | |
| | | | |

Filing Fee: \$25.00

Typed or printed name of signee