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COVER LETTER

SUBJECT:	Name of Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.	
Please return all co	rrespondence concerning this matter to the following:	
	Matt Tanner	
	Name of Person	
	Firm/Company	
	5300 Broken Sound Blvd NW Suite 110	
	Address	
	Boca Raton, FL 33487	
	City/State and Zip Code	
	matt@tannerconsulting.us E-mail address: (to be used for future annual report notification)	
For further informa	ation concerning this matter, please call:	
Matt Tanner	Name of Person Area Code Daytime Telephone Number	
Enclosed is a check	k for the following amount:	
≡ \$25.00 Filing	Fee \$\Bigcup \\$30.00 \text{ Filing Fee & } \Bigcup \\$55.00 \text{ Filing Fee & } \Bigcup \\$60.00 \text{ Filing } \\ \text{Certificate of Status} \\ \text{Certified Copy } \\ \text{(additional copy is enclosed)} \\ \text{Certified Copy } \\ \text{(additional copy} \\ \text{(additional copy is enclosed)} \\ \text{Certified Copy } \\ \text{(additional copy} \\ (addit	Status &

TO:

Registration Section **Division of Corporations**

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

HOME OF FIGHT VENTURES LLC

ere filed on 12/22/2023 and assigned Exy company here: Company," the designation "LLC" or the abbreviation "L.L.C." 5300 Broken Sound Blvd NW Suite 110 Boca Raton, FL 33487
Company," the designation "LLC" or the abbreviation "L.L.C." 5300 Broken Sound Blvd NW Suite 110
Company," the designation "LLC" or the abbreviation "L.L.C." 5300 Broken Sound Blvd NW Suite 110
5300 Broken Sound Blvd NW Suite 110
5300 Broken Sound Blvd NW Suite 110
Boca Raton, FL 33487
5300 Broken Sound Blvd NW Suite 110
Boca Raton, FL 33487
Enter Florida street address
City Florida Zin Code TI
EF ST
to act in this capacity. I further as the comply with erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document ddress, I hereby confirm that the limited liability

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
			🗀 Add
			□Remove
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			□Remove
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	11/14/2024	1	(antional)	
ective date, if other than the da effective date is listed, the date must be	specific and cannot be prio	r to date of filing or more th	an 90 days after filing.) Pursuant	to 605.020
e: If the date inserted in this block ument's effective date on the Department.	c does not meet the applic	cable statutory filing req	uirements, this date will not l	be listed as
union 3 checuve date on the Dept	attion of state a result.	•		
cord specifies a delayed effective of	ate but not an effective t	time, at 12:01 a.m. on th	e earlier of: (b) The 90th da	y after the
s filed.				•
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november 14 Multiple Signature 14	t Vanner gnature of a member or auth	norized representative of a	member	

Filing Fee: \$25.00