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COVER LETTER

TO: Registration So Division of Cor				
SUNSET A	MARTIAL ARTS LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	amitted for filing		
	ondence concerning this matter			
	Giovanni Pestano			
		Name of Person		
	BSSN Broward Corp			
		Firm/Company		
	4614 N Hiatus Rd	, ,		
		Address		
	Sunrise, FL 33351			
	-	City/State and Zip Code		
	gio.pestano@bssnusa.com			
		to be used for future annual report not	ilication	
For further information c	concerning this matter, please c	rall;		
Giovanni Pestano		954 578-0016		
Name o	of Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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)	
<u>Mailing Addres</u> Registration		Street Address: Registration Se	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSET MARTIAL ARTS LLC		·
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	iany as it now appears on our rec (Liability Company)	oras.
The Articles of Organization for this Limited Liability Compan	y were filed on 05/31/2024	and assigned
Florida document number 1.24000248814		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and comain the words "Limited Liab	sility Company," the designation "I	J.C" or the abhervation "L.L.C."
Enter new principal offices address, if applicable:		25 %
(Principal office address MUST BE A STREET ADDRESS)		
	-	
		E PR
Enter new mailing address, if applicable:		-28 3
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office	address on our records, ent	ter the name of the new register
agent and/or the new registered office address here:	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	tress
	City	FloridaZip Code
	C HV	гр соае

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MELANESKO HOLDINGS LLC	2480 FIRST STREET	≣ Add
		356	□Remove
		FORT MYERS, FL. US 33901	
			□Remove
			🗀 Change
			□Add
			□Remove
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Tective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this becument's effective date on the D	st be specific and cann lock does not meet t	ot be prior to da the applicable	te of filing or more statutory filing re	(optior than 90 days after fi equirements, this c	ling.) Pursuant to 60.	5.0207 (ted as t
record specifies a delayed effective is filed.	'e date, but not an e	ffective time,	ы 12:01 а.m. оп I	he earlier of: (b)	The 90th day after	er the
June 06	20)24				
ated said of the s	 · _	·				
4						
1,41						
-lin fla	Signature of a memb	per or authorized	representative of	a member		