ND9000007386

(Requestor's Name)		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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08/08/11--01007--007 **35.00

DIVISION OF CORPORATION OF CORPORATI

Amend (10,8/8/1)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: United States	Amateur Mixed Martial	Arts
DOCUMENT NUM	BER: N09000007386		· · · · · ·
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
·		rry Haven	
	(Name of	f Contact Person)	
	United State Am	ateur Mixed Martial Arts	
	(Firm	n/ Company)	
	111 W	illow Lake Dr.	
	(Address)	
	Fairho	pe, AL 36532	
	(City/ Sta	ate and Zip Code)	
		Daamma.info ed for future annual report notific	cation)
For further information	on concerning this matter, pleas	e cail:	
Terry Haven		at (855) 487-260	62
	of Contact Person)	at (<u>855</u>) <u>487-260</u> (Area Code & Dayti	me Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	nt of State:
☑\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address Idment Section	Street Address	•
	on of Corporations	Amendment Section Division of Corporati	ions
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Cente	er Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

United States Amateur Mixed Martial Arts INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N09000007386

(Document Number of Corporation (if known)

1	N/A	
he new name must be distinguishable and conta		"inggranged and the
breviation "Corp." or "Inc." <mark>"Company" or "C</mark>		
Enter new principal office address, if application	ble: N/A	
Principal office address MUST BE A STREET A	DIVI	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX) N/A	
, ,		
		ह
		8
If amending the registered agent and/or regis	stered office address in Florid	a enter the name of The
If amending the registered agent and/or registered agent and/or the new registered	ed office address:	نب
Name of New Registered Agent:	N/A	ပ္
	N/A	
New Registered Office Address:	(Florida street address)	
	(3.10) 1334 231 231 231 231	
	(City)	, Florida (Zip Code)
	(Cny)	(Zip Code)
ew Registered Agent's Signature, if changing R		
hereby accept the appointment as registered age		

Signature of New Registerea Agent, if changin

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>TD</u>	Larry Downs	12150 Havburg Dr.	Add
		Pensacola, FL 32506	Remove
TD	Alice Downs	12156 Havburg Dr.	_ ☑ Add
		Pensacola, FL 32506	Remove
	·		Add
			Remove
	g or adding additional Articles, enter of tional sheets, if necessary). (Be specificational sheets)		
			

The date of each amendmen	t(s) adoption: 06/01/2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_08/0	13/2011 Deny Hu
Signature	
(By	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Terry Haven
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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