13000 60020

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	



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02/14/20--01006--010 **25.00

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COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Svyatoslav Mangushev		
		Name of Person	
	N/A		
		Firm/Company	
	18101 Collins Avenue #4	702	
		Address	
	Sunny Isles Beach, FL, 33	160	
		City/State and Zip Code	
	7957007@gmail.com	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please c	•	
Svyatoslav Mangushev		305 965-0606	
Name of	Person	at ()	Telephone Number
Enclosed is a check for the	c following amount:		
■ \$25,00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	·	Street Address:	

TO:

Registration Section **Division of Corporations**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

TRUMP PALACE 5102, LLC		
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number £13000060020	Company were filed on 04/24/2	and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the li	imited liability company here:	
Warriors Boxing Gym LLC		
The new name must be distinguishable and contain the words "I	imited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	<u></u>
<u> Principal office address MUST BE A STREET AD</u>	DRESS)	20
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		- And comments
Enter new mailing address, if applicable:	N/A	<u>≥ : 11</u>
Mailing address MAY BE A POST OFFICE BOX)		
		10: 10:
B. If amending the registered agent and/or registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:	
hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my of agent as provided for in Chap ered office address, I hereby co	duties, and I am familiar with and ter 605, F.S. Or, if this document is

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>	<u>Name</u>	<u>Address</u>	Type of Action
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			Change
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tive date, if other than the date of filing:	(optio : 90 days after f	nal) iling.) Purs	uant to 60
If the date inserted in this block does not meet the applicable statutory filing require	rements, this	date will	not be li
ment's effective date on the Department of State's records.			
and appointing a delegand effective data but not an effective time at 1201 and another	andiazati (h)	The (V)t	ى بىدام يا
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the called.	earner or; (o)	THC 500	n day ar
February 10th 2020			
Signature of a member or authorized representative of a me	mba		

D.

Filing Fee: \$25.00