# 14000047605

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Ftress Pro Conch LLC Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Timothy L. Grezlik IR Name of Person  Fitness Pro Correl UC Pirm/Company		
Address  Port SAIN + Lucie FL 34953  City/State and Zip Code  Im. gree-lik D gmail. com  E-mail address: (to be used forduture annual report notification)	2818 NOV 1 6 PM 1: 2	
For further information concerning this matter, please call:	<u>~</u>	
Named of Person  at (772) 353-7444  Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified C	of Status &	

#### MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fitness Pro Coal	th UC		
(Name of the Limited Liability Comps (A Florida Limited)	iny as it now appears on our records,) Liability Company)		
	1 . 1		
The Articles of Organization for this Limited Liability Company	were filed on 05/08/2017	and as	ssigned
Florida document number <u>L14000047605</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	odywork UC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "	L.IC."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, ente	r the name	of the new
registered agent and/or the new registered office address her	<u>e</u> :		CHESSEL,
		A	# <b>#</b>
Name of New Registered Agent:		- <del> </del>	
New Registered Office Address:			T
	Enter Florida street address		1 mm
	, Florida	事以 <b>元</b> 百百 <b>心</b>	•
	City	Zip 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 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</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or moote:  If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.			
e record specifies a delayed effective date, but not an effective to The 90th day after the record is filed.	ime, at 12:01 a.m. on	the ea	rlier o
ared November 10. 2018.			

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Filing Fee: \$25.00