

L14000126162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

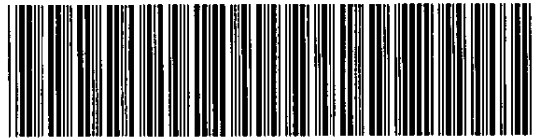
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Signature

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10/18/16--01003--005 **25.00

FILED
2016 NOV -4 A 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

NOV 06 2016

Eric Allen

EA FITNESS, LLC

813-321-8755

eric@eafitness.org

www.eafitness.org

PO BOX 1344

Riverview, FL 33569



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2016

ERIC ALLEN
EA FITNESS
P.O. BOX 1344
RIVERVIEW, FL 33569

SUBJECT: EA FITNESS, LLC
Ref. Number: L14000126162

We have received your document for EA FITNESS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 516A00022350

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EA FITNESS

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:

Eric Allen

Name of Person

EA FITNESS

Firm/Company

PO BOX 1344

Address

Riverview, FL 33569

City/State and Zip Code

eric@cafitness.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Allen

813 321-8755
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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**

EA FITNESS

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/02/2015 and assigned
Florida document number L14000126162.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6063 Gibson Ave., Tampa FL 33617

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

PO BOX 1344, Riverview, FL 33569

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Eric Allen

New Registered Office Address:

6063 Gibson Ave.

Enter Florida street address

Tampa

City

Florida 33617

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2018 NOV -4 A 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated September 28, 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2019 NOV - 4 A 11: 39
CLERK OF THE COURT
JANUARY 11, 2019
TALLAHASSEE, FLORIDA