# 45000030/37

(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:

Office Use Only



300331551583

07/18/19--01007--006 \*\*25.00

2019 JUL 18 PM 1:50

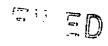
C. GOLDEN

JUL 2 6 2019

# **COVER LETTER**

	egistration Se ivision of Cor			
SUBJECT	Zoom Fitne			
St/MILC I	•	Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Josefine Blick		
			Name of Person	<u></u>
		· <del></del>	Firm/Company	<del></del>
		10907 SW 88th St. Apt #4	125	
		Minut 17, 22177	Address	
R.s		Miami, FL 33176	City/State and Zip Code	
٠,.	•	josefineblick@hotmail.com	1	
For further	information co	n-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	ification)
Josefine B		,	305 202-3942	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	e 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 tadditional copy is enclosed

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 JUL 18 PM 1:59

Zip Code

Zoom Fitness, LLC

( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparing document number	any were filed on February 18, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited li</u>	iability company here:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the nere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

### 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.

City

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>	Address	Type of Action
MGR	Christopher M Dominguez.	8316 SW 81st Terrace	_
	<del></del>	Miami, FL 33143	
			■ Remove
			Change
MGR	Josefine Blick	10907 SW 88th St	·
		Apt #425	
			□ Remove
		Miami. FL 33176	Change
MGR	Andres Prenza	10907 SW 88th St	
		<del></del>	Add
		Αρt #425	☐ Remove
		Miami, FL 33176	
			☐ Change
MGR	Landy Cabeza	1928 SW 18th St	<b>=</b> Add
		Miami, FI, 33145	
			□ Remove
			☐ Change
			□ Add
			Remove
		<del></del>	Change
			Add
			☐ Remove

\_\_\_\_ ☐ Change

lf un e Note	tive date, if other than the date of filing:  [Coptional]  [Coptional]
e-re Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Date	7/12/14
	Signature of a member or authorized representative of a member
	ANTHONY AMOUS

Page 3 of 3

Filing Fee: \$25.00