## LZ1000360950

| (Re                     | questor's Name)   |             |
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| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | usiness Entity Na | me)         |
| (Do                     | ocument Number    | )           |
| Certified Copies        | _ Certificate     | s of Status |
| Special Instructions to | Filing Officer:   |             |
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2022 AUG -1 AH 10: 40

## **COVER LETTER**

|               | Registration Se<br>Division of Cor |  |   |   |
|---------------|------------------------------------|--|---|---|
| eun uz        | BlucMar Fi                         | itness, LLC  |   |   |
| SUBJEC        | ,1:                                | Name of Lim  | ited Liability Company  |   |
| The encle     | osed Articles of                   | Amendment and fee(s) are sub   | mitted for filing.  |   |
| Please re     | eturn all correspo                 | ondence concerning this matter   | to the following:   |   |
|               |                                    | Robert Varkonyi  |   |   |
|               |                                    |  | Name of Person  |   |
|               |                                    | Zagrebelsky Law P.A.   |   |   |
|               |                                    | Name of Person  Zagrebelsky Law P.A.  Firm/Company  2202 N. West Shore Blvd., Suite 200  Address  Tampa, FL 33607  City/State and Zip Code  rjv@zagrebelskylaw.com  E-mail address: (to be used for future annual report notification)  rmation concerning this matter, please call:  yi  813  579-1856  Area Code  Daytime Telephone Number |   |   |
|               |                                    | 2202 N. West Shore Blvd.,  | Suite 200   |   |
|               |                                    |  | Address   |   |
|               |                                    | Tampa, FL 33607  |   |   |
|               |                                    |  | City/State and Zip Code   |   |
|               |                                    |  | to be used for future annual report not                             | (Section)   |
| For furth     | ner information o                  |  |   | incurion)   |
| Robert V      | /arkonyi                           |  | 813 579-1856  |   |
|               | Name o                             | f Person   |   | ne Telephone Number   |
| Enclosed      | is a check for t                   | he following amount:   |   |   |
| <b>\$25</b> . | .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 Addre                      |  | Street Address:   |   |
|               | Registration                       |  | Registration Se<br>Division of Co                                   |   |
|               | Division of C<br>P.O. Box 632      | -  | The Centre of 7   |   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 AUG - 1 AH 10: 40

| BlueMar Fitness, LLC  |  |                              |
|---|--|------------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited L  | ny as it now appears on our records.) Liability Company)   | in a few terms               |
| The Articles of Organization for this Limited Liability Company Florida document number L21000360950              | were filed on August 11, 2021                              | and assigned                 |
| 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 Liabil  | lity 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)                              | 2150 Tamiami Trail, Unit 19/20<br>Port Charlotte, FL 34948 |                              |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter t</u>                     | he name of the new regist    |
| Name of New Registered Agent:   |  |                              |
| New Registered Office Address:  | Enter Florida street address                               |                              |
|   |  | rida                         |
|   | 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 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                    |
|--------------|------------------------|-------------------------------|-----------------------------------|
| AMBR         | MICHAEL BLUEMLING, Jr. | 10808 Tarflower Dr., Unit 202 | □ Add                             |
|              |                        | Venice, FL 34293              | = Remove                          |
|              |                        |                               | □Change                           |
|              |                        |                               |                                   |
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|              |                        |                               | □Change                           |
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| ffective d               | ate, if other than   | the date of fili     | ng:                |                      | (0                  | ptional)                                       |                               |
| an effective             | ate, if other than<br>date is listed, the date<br>date inserted in the | e must be specific a | nd cannot be prior | to date of filing or | more than 90 days : | after filing.) Pursuant                        | t to 605.0207<br>be listed as |
| ote: If the<br>ocument's | effective date on t  | he Department of     | State's records.   | arne statutory m     | mg requirement      |  |                               |
|                          |  |                      |                    |                      |                     |  |                               |
| record spe               | cifies a delayed eff   | fective date, but n  | ot an effective ti | me, at 12:01 a.n     | n on the earlier of | f: (b) The 90th da                             | ay after the                  |
| l is filed.              |  |                      |                    |                      |                     |  |                               |
| luly                     | 27   |                      | 2022               |                      |                     |  |                               |
| July<br>ated             | <u> </u>   |                      | _1                 | ·                    |                     |  |                               |
|                          |  |                      |                    |                      |                     |  |                               |
| _                        |  |                      | a member or author | privad representati  | ve of a member      |  |                               |

Typed or printed name of signee