

L05 000 028 486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

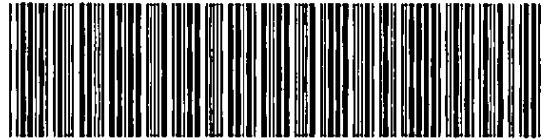
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800393053238

02/30/22--01000--011 \$25.00

22 AUG 30 AM 10:27

DEPARTMENT OF REVENUE  
DIVISION OF CORPORATION

From:

Gulf Breeze Gymnastics, LLC  
3123 Gulf Breeze Pkwy.  
Gulf Breeze, FL 32563

To Whom It May Concern:

Please see the contained "Article of Amendment to the Articles of Organization of Gulf Breeze Gymnastics, LLC" along with a check for the filing fee in the amount of \$25.00.

Please send letter of acknowledgment to:

Gulf Breeze Gymnastics  
3123 Gulf Breeze Pkwy.  
Gulf Breeze, FL 32563

Refer any phone communications to either the place of business listed above at 850-932-2297, or the registered agent, Arthur Fletcher, at 850-261-5997.

RECEIVED  
DIVISION OF CORPORATIONS  
22 AUG 30 AM 10:27

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GULF BREEZE GYMNASTICS, 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:

ARTHUR FLETCHER

Name of Person

Firm/Company

3123 GULF BREEZE PARKWAY

Address

GULF BREEZE, FL 32563

City/State and Zip Code

AFLETCHER@AHPARTNERS.US

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

For further information concerning this matter, please call:

ARTHUR FLETCHER

850 261-5997  
at ( )  
Area Code Daytime Telephone Number

Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

22 AUG 30 AM 10:27

RECEIVED  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GULF BREEZE GYMNASTICS, LLC

(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 03/22/2005 and assigned  
Florida document number 1.05000028486.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

22 AUG 30 AM 10:27  
DIVISION OF CORPORATIONS

**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:

New Registered Office Address:

3123 GULF BREEZE PARKWAY

*Enter Florida street address*

GULF BREEZE

*City*

Florida 32563

*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, 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>
MGR	ALEXANDER COVER	815 S PALAFOX STREET	<input type="checkbox"/> Add
		PENSACOLA, FL 32502	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EPRD, LLC	815 S PALAFOX STREET	<input checked="" type="checkbox"/> Add
		THIRD FLOOR	<input type="checkbox"/> Remove
		PENSACOLA, FL 32502	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


22 AUG 30 AM 10:27  
DIVISION OF CORRECTIONS  
STATE OF FLORIDA

DIVISION OF PROFESSIONAL REGULATION  
22 AUG 30 AM 10:27

101  
FEDERAL BUREAU OF INVESTIGATION  
DIVISION OF CONSPIRACY  
22 AUG 30 AM 10:27

(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 18, 2022

  
Signature of a member or authorized representative of a member

Typed or printed name of signee