

L07000099823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

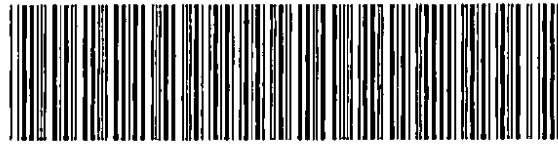
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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

JAN - 9 2020

CAPITAL CONNECTION, INC.

17 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

OMIC FITNESS, LLC

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ ☒ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ ☒ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature _____

Requested by: Seth

01/08/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATOMIC FITNESS, 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:

REBECCA L WILLIAMS, EA

Name of Person

BEE SQUARE TAX CONSULTATION AND SERVICE INC

Firm/Company

1650 SAND LAKE RD STE 115

Address

ORLANDO, FL. 32809

City/State and Zip Code

REBECCA@BEESQUARETAX.COM

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

For further information concerning this matter, please call:

REBECCA L WILLIAMS, EA

407

851-4037

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 Address:

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

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

ATOMIC FITNESS, 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 09/26/17 and assigned
Florida document number L0700009823.

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 "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)

800 FORMOSA AVE
WINTER PARK, FLL. 32801

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:

JOHN WASH

New Registered Office Address:

800 FORMOSA AVE.

Enter Florida street address

WINTER PARK

City

Florida 32792

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	MICHAEL WALKER	ATOMIC MANAGEMENT GROUP LLC	<input type="checkbox"/> Add
		209 N MOSES RD SUITE 209	<input checked="" type="checkbox"/> Remove
		WINTER SPRINGS, FL. 32708	<input type="checkbox"/> Change
T	MICHAEL WALKER	ATOMIC MANAGEMENT GROUP LLC	<input type="checkbox"/> Add
		209 N MOSES RD SUITE 209	<input checked="" type="checkbox"/> Remove
		WINTER SPRINGS, FL. 32708	<input type="checkbox"/> Change
MGRM	THOMAS E LELIEVRE	ATOMIC MANAGEMENT GROUP LLC	<input type="checkbox"/> Add
		209 N MOSS RD SUITE 209	<input checked="" type="checkbox"/> Remove
		WINTER SPRINGS, FL. 32706	<input type="checkbox"/> Change
S	THOMAS E LELIEVRE	ATOMIC MANAGEMENT GROUP LLC	<input type="checkbox"/> Add
		209 N MOSS RD SUITE 209	<input checked="" type="checkbox"/> Remove
		WINTER SPRINGS, FL. 32706	<input type="checkbox"/> Change
AMBR	PF SOUTH LAKELAND, LLC	800 FORMOSA AVE	<input checked="" type="checkbox"/> Add
		WINTER PARK, FL. 32792	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2020 JUN -8 AM 9:55
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SECRETARY OF STATE
TALLAHASSEE, FL

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00