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EXAMINER

COVER LETTER

TO: **Registration Section Division of Corporations**

rampa Ban Fitness Center, LLC SUBJECT: (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:

Face lis Sofo (Name of Person) CAMPA Bay Fitness (Firm/Company) centor. Balmoral CT 237 (City/State and Zip Code) 28

For further information concerning this matter, please call:

(Name of Person

at (<u>813)</u> <u>907 - 7462</u> (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 A TO ARTICLES OF OF OF PIT BULL GYM L	RGANIZATION
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number $L07000134607$.	i .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil $\underline{TamPaBay}$ $\underline{Fitness}$ \underline{Cent} The new name must be distinguishable and end with the words "Limite" "L.L.C."	
Enter new principal offices address, if applicable:	6910 n. Armenig Aug
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33604
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	

Name of New Registered Agent:	Facelis Sot	0
New Registered Office Address:	HJ37 Balmon	al cT lorida street address)
	Wasley chaper	,
	(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 608, 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.

<u>*Facelis*</u> Sofo (If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	<u>Type of Action</u>
<u>MGr</u>	Edward 3 Reyes	6910 n Armenia Au Tampa, FL 33604	ℓ□ Add _⊋ Remove
Mer	Maria I Rets	P.O. BOX 153191 Tampa, FL 33684	Add Remove
			_ Add _ Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			-
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		09 APR 17 SECRETARY	
Dated	APril 13, 2009.	7 PH 3: 28 Y OF STATE SEE, FLORID	Ē
	Signature of a member or authorized representative of a member Giovanni, Aponte Typed of printed name of signee	>	

Page	2	of	2
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Filing Fee: \$25.00