

LO80000039319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

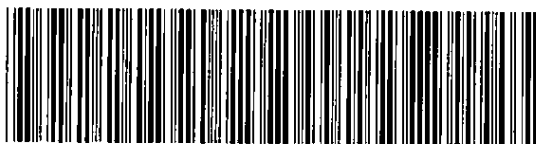
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09/15/23--01017--011 **60.00

FILED
2023 SEP 15 AM 9:00
SECRETARY OF STATE
JULIA L. LEE

;

•

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Angela Birch

Firm/Company

Address

City/State and Zip Code

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

Angela Birch

2710181

Area Code & Daytime Telephone Number

Street Address:

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

☐ \$25 Filing Fee

INHS18 (2/14)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Focus 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:

Angela Birch

Name of Person

Firm/Company

2690 Alexia Circle

Address

Jacksonville, FL 32246

City/State and Zip Code

birch118@gmail.com

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

For further information concerning this matter, please call:

Angela Birch

904 2710181

at ()

Name of Person

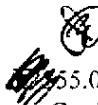
Area Code

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**

Focus Fitness, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2023 SEP 15 AM 9:00
SECRETARY OF STATE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 18, 2008 and assigned
Florida document number L08000039313.

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)

1500 Beach Blvd Ste 318

Jacksonville, FL 32250

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1500 Beach Blvd Ste 318

Jacksonville, FL 32250

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:

Angela Birch

New Registered Office Address:

2690Alexia Circle

Enter Florida street address

Jacksonville

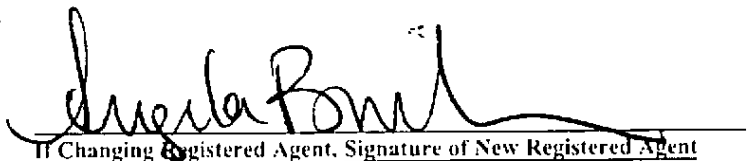
City

, Florida 32246

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> |
|--------------|--------------|---------------------------|--|
| AMBR | Shanan Hoy | 2388 Covington Creek Dr E | <input type="checkbox"/> Add |
| | | Jacksonville, FL 32224 | <input checked="" type="checkbox"/> Remove |
| | | 2690 Alexia Circle | <input type="checkbox"/> Change |
| AMBR | Angela Birch | Jacksonville, FL 32246 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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E. **Effective date, if other than the date of filing:** _____ (optional)
 (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 September 1, 2023

Angela Birch
Typed or printed name of signee