L08000105051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 DEC 29 PM 3:56
DIVISION OF CORPORATIONS

O SIMMONS
DEC 29 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2016

STEPHEN RAYMOND
6208 S ORANGE AVAE, STE 154
ORLANDO, FL 32809

SUBJECT: STICK IT! GYMNASTICS OF CENTRAL FLORIDA, LLC
Ref. Number: L08000105051

RECEIVED
2016 DEC 29 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for STICK IT! GYMNASTICS OF CENTRAL FLORIDA, LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There can only be one Registered Agent listed for entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 616A00026716

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Stick It Gymnastics of Central FL
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:

Stephen Raymond
Name of Person

Stick it Gymnastics
Firm/Company

6208 S. orange Ave Ste# 154
Address

orlando FL 32809
City/State and Zip Code

trampontumble06@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Raymond at (321) 439 9353
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Stick It Gymnastics of Central FL 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 _____ and assigned Florida document number _____.

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) _____

_____

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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: Stephen Raymond

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____

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 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

Title	Name	Address	Type of Action
MGR owner	Anne mealey	2922 Carmia Dr.	☐ Add
		orlando, FL 32806	☒ Remove
			☐ Change
MGR owner	Stephen Raymond	2418 Shannon Rd	☒ Add
		orlando, FL 32806	☐ Remove
			☐ Change
MGR owner	Tania Ennis	2381 Carriage Run Rd	☒ Add
		Kissimmee FL 34741	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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.

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.

Dated 12-20, 2016.

Anne M. Mealey

Signature of a member or authorized representative of a member

Anne mealey

Typed or printed name of signee

Filing Fee: $25.00