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10 JAN 22 MI 10: 43
SEPRESSEE FROMBA

S. HAWKES

JAN 2 5 2010

EXAMINER

1/18/2010

COVER LETTER

TACTICAL FITNESS, LLC

JENNIFER STOCKERO

CONTACT: 414-467-6839

OR <u>IENNYSTOCKERO@YAHOO.COM</u>

ADDRESS: 235 ANTILLA AVE #9

CORAL GABLES, FL 33134

COVER LETTER

TO: Registration S Division of Co			
1	LTICAL FITNESS, L	LC	
	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jennifer	Stockero	
		Name of Person	
	A 1	Firm/Company	
	235 Antilla	AUL #9 Address	
	CORAL GABLE	5, FL 33134	
	Jenny Stock Email address: (1	City/State and Zip Code LYD WYAMOO COM o be used for future annual report notificat	tion)
For further information	concerning this matter, please c	all:	
Jennifer	Stockero	at (414) 467-683	9
Name	of Person	Årea Code & Daytime T	elephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

TACTICAL FITNE	55 111	
(Name of the Limited Lia	bility Company as it now appears on our reco	rds.)
(A F10)	rida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on 1/11/2010	and assigned
Florida document number L 10000003910	· '	<u></u>
This amendment is submitted to amend the following. A. If amending name, enter the new name of the		FILED 10 JM 22 MID: 18 JM 28 MID:
		Es di
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	· · · · · · · · · · · · · · · · · · ·
		······································
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or r registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	reat address
	Emer Fioriaa sii	eei aaaress
_	, Flo	rida
	UHV	zin coae

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.

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

MGR'= Manager

MGRM = Managing Member

<u>Title</u> **Name Address Type of Action** MGKM ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) gnature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00