

L12000023177

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

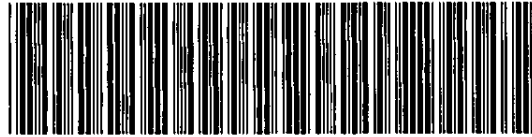
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT -8 PM 3:38

OCT - 9 2012

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FITNESS CAPITAL PARTNERS 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:

SYED RAZA

Name of Person

RELIEF FINANCIAL SERVICES LLC

Firm/Company

4970 KINGS HEATH RD

Address

WISSAMUSE, FL 34746

City/State and Zip Code

SGRAZA@GMAIL.COM

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

For further information concerning this matter, please call:

SYED RAZA

Name of Person

at ( 813 ) 300-3126

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 OCT -8 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 25, 2012

SYED RAZA -  
RELIEF FINANCIAL SERVICES LLC  
4970 LYNGS HEATH RD  
KISSIMMEE, FL 34746

SUBJECT: FITNESS CAPITAL PARTNERS, LLC  
Ref. Number: L12000023177

We have received your document for FITNESS CAPITAL PARTNERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the new Registered Agent in section B.

The NEW Registered Agent must sign.

Please return the corrected original and one copy of 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.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 812A00023963

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FITNESS CAPITAL PARTNERS LLC 12 OCT -8 PM 3:38  
(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 2/16/12 and assigned  
Florida document number L12000023177.

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 end with 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)**

**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:

Syed Raza

New Registered Office Address:

4970 KYNAS HORTON RD.

Enter Florida street address

KISSIMEE

City

Florida

R 34746

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.*

  
If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
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MGR	Syed Raza	4970 KYNES HEATH RD. KISSIMMEE, FL 34746	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGR	PARLAY INVESTMENT ENTERPRISES, INC	102 12 <sup>th</sup> AVENUE EAST PALMETTO, FL 34221	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGRM	RELIEF FINANCIAL SERVICES, LLC	4112 MULLEN AVE TAMPA, FL 33609	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MGRM	CHAPTER TWO CAPITAL, LLC	102 12 <sup>th</sup> AVE EAST PALMETTO, FL 34221	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE REGISTERED AGENT TO:

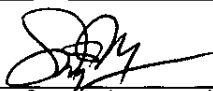
RELIEF FINANCIAL SERVICES, LLC

4112 W. MULLEN AVE

Tampa, FL 33609

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT -8 PM 3:38

Dated Sept 20, 2012



Signature of a member or authorized representative of a member

Syed Raza

Typed or printed name of signee