

L12000044529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200251010212

FILED  
2013 AUG 26 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08/26/13--01020--018 \*\*25.00

AUG 27 2013  
J. BRYAN

*Scott Torrie, P.A.*

*Attorney at Law*

*28471 U.S. Highway 19 North*

*Suite 505*

*Clearwater, Florida 33761*

*(727) 239-8169*

*TorrieLaw@gmail.com*

August 22, 2013

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

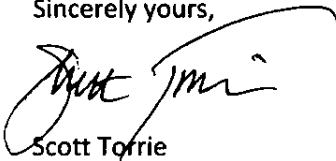
Re: Articles of Amendment for Art of Strength Tampa Bay, LLC

Ladies/Gentlemen:

Enclosed herewith please find for filing Articles of Amendment to Art of Strength Tampa Bay, LLC. The amendment will effect a name change of the company to Tampa Bay Athletics, LLC. My firm's check no. 1154 in the amount of \$25.00 is also enclosed to pay the applicable filing fee.

Please advise should you have any questions regarding this correspondence, or if there is any issue with the proposed company name change (e.g., name availability issues). Thank you for your kind attention to this matter.

Sincerely yours,



Scott Torrie

FILED  
2013 AUG 26 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ART OF STRENGTH TAMPA BAY, 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:

SCOTT TORRIE, Esq.  
Name of Person

SCOTT TORRIE, P.A.  
Firm/Company

28471 U.S. HWY 19 NORTH, SUITE 505  
Address

CLEARWATER, FL 33761  
City/State and Zip Code

TORRIE LAW @ gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT TORRIE  
Name of Person

at (727) 239-8169  
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

FILED  
2013 AUG 26 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ART OF STRENGTH Tampa Bay, 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 3/30/2012 and assigned  
Florida document number L12000044529

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

TAMPA BAY ATHLETICS, LLC

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:

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 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**

**MGR = Manager**  
**MGRM = Managing Member**

FILED  
2013 AUG 26 PM 3:55  
Remove  
Add  
Remove  
SECRET  
FBI  
TALLAHASSEE, FLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated AUGUST 1, 2013.

Norman R. Fierbaugh

Signature of a member or authorized representative of a member

Norman R. Fierbaugh

Typed or printed name of signee

Managing Member

Page 3 of 3

Filing Fee: \$25.00

FILED

2013 AUG 26 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA