

LIZ 000103709

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TALLAHASSEE, FL

D BRUCE
OCT 28 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ULTIMATE SPORTS INSTITUTE & FITNESS CENTER, 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:

JULIE CAMUNAS

Name of Person

ULTIMATE SPORTS INSTITUTE & FITNESS CENTER, LLC

Firm/Company

1440 N PARK DRIVE

Address

WESTON, FL 33326

City/State and Zip Code

USIWESTON@GMAIL.COM

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

For further information concerning this matter, please call:

JULIE CAMUNAS

954 at ()

217-2004

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

2020 SEP 21 AM 11:41
TALLAHASSEE, FL

2020 SEP 21

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

ULTIMATE SPORTS INSTITUTE & FITNESS CENTER, 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 08/09/2012 and assigned
Florida document number L12000103709.

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)

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:

JOANNA SHEINBERG

New Registered Office Address:

1440 N PARK DR

Enter Florida street address

WESTON

City

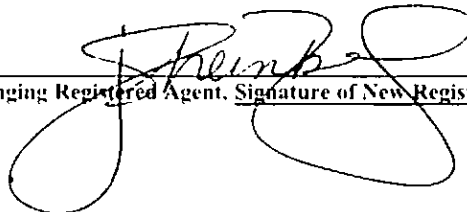
Florida 33326

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>
MGRM	DBLOCK, INC.	1440 N PARK DR	<input type="checkbox"/> Add
		WESTON, FL 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	DBLOCK CONSULTING INC.	1440 N PARK DR	<input checked="" type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE
SECRET

2020 SEP 2
ST. MICHAEL'S
HOSPITAL


FBI

2020 SEP 21 AM 11:41

STATION
TALLAHASSEE FL

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 19 2020


Signature of a member or authorized representative of a member

JOANNA SHEINBERG
Typed or printed name of signee

Filing Fee: \$25.00