

L12000134990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

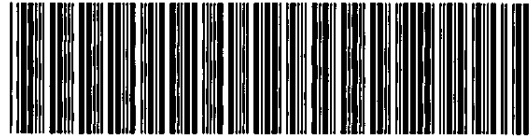
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000263648440

09/04/14--01030--028 **60.00

FILED
14 SEP -4 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 11 2014
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE REFINERY ATHLETIC CLUB 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:

KEVIN VANDYKE

Name of Person

THE REFINERY ATHLETIC CLUB LLC

Firm/Company

1045 ANASTASIA BLVD

Address

ST AUGUSTINE, FL 32086

City/State and Zip Code

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

FILED
14 SEP -6 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

KEVIN VANDYKE

Name of Person

at (904) 910 2623

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**

THE REFINERY ATHLETIC CLUB 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 10-23-2012 and assigned Florida document number L12000134990.

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)

14 SEP - 4 FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1045 ANASTASIA BLVD
ST AUGUSTINE, FL 32080

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:

KEVIN VAN DYKE

New Registered Office Address:

1045 ANASTASIA BLVD

Enter Florida street address

ST AUGUSTINE

City

Florida

32080

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

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
-------	------	---------	----------------

MBRM	Kevin VanDyke	1045 ANASTASIA BLVD	<input checked="" type="checkbox"/> Add
		ST AUGUSTINE, FL 32080	<input type="checkbox"/> Remove

MBRM	Marcy VanDyke	1045 ANASTASIA BLVD	<input checked="" type="checkbox"/> Add
		ST AUGUSTINE, FL 32080	<input type="checkbox"/> Remove

MBRM	TARA VIGATTI	MINIMUM 5 EGGERT CREST LANE	<input type="checkbox"/> Add
		ST AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Remove

MBRM	STEVEN VIGATTI	5 EGGERT CREST LANE	<input type="checkbox"/> Add
		ST AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Remove

FILED
14 SEP - 4 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

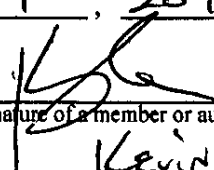
			<input type="checkbox"/> Remove
--	--	--	---------------------------------

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPTEMBER 1, 2011



Signature of a member or authorized representative of a member

Kevin VanDyke

Typed or printed name of signer

FILED
14 SEP -4 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA