130005240

(Req	uestor's Name)	
(Add	ress)	
DbA)	ress)	
(City,	/State/Zip/Phone	e #)
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COVER LETTER

TG: Registration Se Division of Cor		,	
SUBJECT: Tride	nt Fitness LLC		
SUBJECT: *		ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	indence concerning this matter	to the following:	
	Richard Gra	ham	
		Name of Person	
		Firm/Company	
	2414 Dakota	Trail	
		Address	
	Fern Park, F	I. 32730	
		City/State and Zip Code	
	richgraham111@c	IMAIL.COM o be used for future annual report notificate	ion)
For further information c	oncerning this matter, please ca	•	10 p. 23
Richard Gra	aham	at ()	
Name o	f Person	Area Code & Daytime Te	elephone Number
Enclosed is a check for the	ne 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

Trident Fitness LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number L1300005240		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	3 3 3 3 3 3 3 3 3 3
		CEPE CO
		ूँद 🗷 📶
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		10 S
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Richard Graham III	2414 Dakota Trail	Add
		Fern Park, Fl. 32730	Remove
MGRM	TF-5326 Inc	2414 Dakota trail	Add
		Fern Park, Fl. 32730	Remove
			Remove
	 		Add
			Remove
			Add
			Remove
	 		Add
			Remove

	nter change(s) here: (Attach additional sheets, if necessary.)
Dated March, 26	2013
	416
Signature	of a member or authorized representative of a member
Richard Graham	
 	Typed or printed name of signee

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Filing Fee: \$25.00