

2130000 44376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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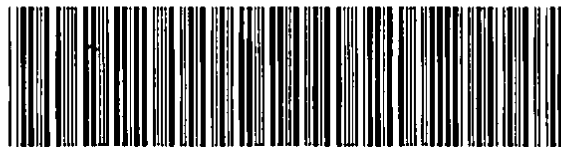
(Business Entity Name)

(Document Number)

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2019 FEB 14 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 16 2019

FEB 1 2019

COVER LETTER

TO: Registration Section
Division of Corporations

2019 FEB 14 PM 4:42

SUBJECT: The Gym Doc Fitness Repair LLC
Name of Limited Liability Company

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wesley Pierre

Name of Person

The Gym Doc Fitness Repair LLC

Firm/Company

6436 Fletcher Street

Address

Hollywood FL 33023

City/State and Zip Code

Service@thegymdoc.com

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

For further information concerning this matter, please call:

Wesley Pierre

Name of Person

at (954)

Area Code

825-1618

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**

2019 FEB 14 PM 4:42

The Gym Doc Fitness Repair LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number _____.

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)

6436 Fletcher Street
Hollywood FL 33023

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1460 SW 3rd St. Ste B5
Pompano Beach FL 33069

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:

Nesley Pierre

New Registered Office Address:

6436 Fletcher Street, Hollywood FL 3

Enter Florida street address

Hollywood

City

Florida

33023

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>
	<u>Lemoir Chanbless</u>	<u>2448 Bimini Lane</u>	<input type="checkbox"/> Add
		<u>Fort Lauderdale FL 33312</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Nesky Pierre</u>	<u>6430 Fletcher Street</u>	<input checked="" type="checkbox"/> Add
		<u>Hollywood FL 33023</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

→ Please remove Lemoin-Chambless as
registered agent and VP sales & operations.

→ List Wesley Pierre as registered agent.

E. Effective date, if other than the date of filing: 2/1/19 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

2/1/17



Signature of a member or authorized representative of a member

Wesley Pierre

Typed or printed name of signee