U13000195950

(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



600259247416

04/28/14--01010--007 **25.00

MAY -5 2014 CLINE 2014 APR 28 FM 1: 59
SECRETARY OF STATE
AND ANALYSISE. FLORIDA

COVER LETTER

TO: Registration Section **Division of Corporations**

Core Strength Training, 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:

Robert Barroso Name of Person Core Strength Training, LLC Firm/Company 2120 Orinoco Drive # 200 Orlando, FL. 32837 City/State and Zip Code semperfi1830@yahoo.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Barroso

Name of Person

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

(Name of the Limited Liability Co. (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number L13000095950	pany were filed on 07/05/2013	and assigned
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	d Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u></u>	
Enter new mailing address, if applicable:	2120 Orinoco Drive # 200	7814 ×
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL. 32837	THE NAME OF THE PARTY OF THE PA
		SECTION TO
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		he name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	7: 0.1
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Core Strength Training, LLC

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nick Ferrantino	3336 Cord Ave	Add
		St. Cloud, FL. 34772	■ Remove
MGR	Brittany Davis	1425 Alabama Ave	
		St. Cloud, FL. 34769	■ Remove
			Remove
			SAM PR
			☐ Rêmove.
			Add
			Add
			Remove

amending any other information, enter change(s) here: (Attach a N/A	
	<u> </u>
	(ontional)
	(optional) nnot be more than 90 days after
e date this document is filed by the Florida Department of State)	(optional) nnot be more than 90 days after
date this document is filed by the Florida Department of State)	(optional) nnot be more than 90 days after
ted April 15 ted April 15 Ted April 15	
Fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date and case date this document is filed by the Florida Department of State) April 15 Signature of a member or authorized representations. Robert Barroso	

Page 3 of 3

Filing Fee: \$25.00

2014 APR 28 PM 1: 59