

L17000119677

(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



700265700887

10/30/14--01005--004 **25.00

FILED
14 OCT 30 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Spitzer OCT 20 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KINETIX II OF PINELLAS PARK, 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:

JAMES KALYVAS

Name of Person

KINETIX II OF PINELLAS PARK, LLC.

Firm/Company

111 SECOND AVENUE NE, SUITE 702

Address

ST PETERSBURG, FL 33701

City/State and Zip Code

EVKMIKE@TAMPABAY.RR.COM

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

For further information concerning this matter, please call:

JAMES KALYVAS

at **727 821-4989**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

KINETIX II OF PINELLAS PARK, 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 08/23/2013 and assigned
Florida document number L13000119637.

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)

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:

JAMES KALYVAS

New Registered Office Address:

111 SECOND AVENUE NE, SUITE 702

Enter Florida street address

ST PETERSBURG

Florida

City

33701

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CULLERS, MARK	5430 BOWMAN ROAD	<input type="checkbox"/> Add
		MACON, GA 31220	<input checked="" type="checkbox"/> Remove
MGRM	VACHLIA, INC.	111 SECOND AVENUE NE	<input type="checkbox"/> Add
		SUITE 702	<input checked="" type="checkbox"/> Remove
		ST PETERSBURG, FL 33701	
MGRM	JAMES KALYVAS	111 SECOND AVENUE NE	<input checked="" type="checkbox"/> Add
		SUITE 702	<input type="checkbox"/> Remove
		ST PETERSBURG, FL 33701	
MGRM	BILL KALYVAS	111 SECOND AVENUE NE	<input checked="" type="checkbox"/> Add
		SUITE 702	<input type="checkbox"/> Remove
		ST PETERSBURG, FL 33701	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

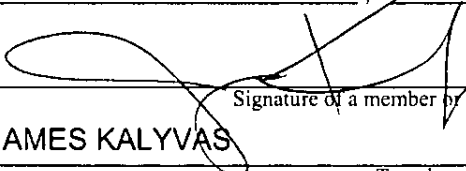
FILED
14 OCT 30 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 OCTOBER 27, 2014



Signature of a member or authorized representative of a member
JAMES KALYVAS

Typed or printed name of signee

FILED
14 OCT 30 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA