# LB000121228

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(00	ocument Number)	
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SEUGETARY OF STATE

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#### **COVER LETTER**

" Division of C			
SPORTS	FITNESS LLC		
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Anastasia Yusina		
		Name of Person	
	SPORT&FITNESS LLC		
		Firm/Company	
	15811 Collins ave, #2907		
		Address	
	Sunny Isles, FL, 33160		
	anastasia@strata.ru	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti-	fication)
For further information	concerning this matter, please c	all:	
Anastasia Yusina		954 4780676 at ()	
Name	of Person	Area Code Daytime	e 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** 

## FILED

2018 OCT -3 AM 9: 43

SPORT&FITNESS LLC

SECRETARY UF STATE

(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 Com	ipany were filed on $\frac{08/27}{1}$	2013 and assigned
Florida document number L13000121228		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here	
The new name must be distinguishable and contain the words "Limited	Liability Company," the desig	nation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	ed office address on o	ir records, enter the name of the nev
registered agent and/or the new registered office addres	<u>s here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida Zip Code
		Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and	l agree to act in this cap	acity. 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>	Type of Action
AMBR	Alexey Kashirin	15811 Collins av. apt 2907, Sunny Isles, FL. 33160	
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ffactive date if other than t	ho data of filings			(antional)	
ffective date, if other than t an effective date is listed, the date r Note: If the date inserted in this locument's effective date on the	block does not mee	t the applicable	late of filing or more the statutory filing req	an 90 days after filing.) Pe uirements, this date wil	rsuant to 605.0207 I not be listed as
e record specifies a delay The 90th day after the r		e, but not a	n effective time	, at 12:01 a.m. on	the earlier of

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00