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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	OPTIMU	OPTIMUM BODY FITNESS, LLC			
	Name of Lin	nited Liability Company			
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.			
Please return all corre	espondence concerning this matter	to the following:			
		KEVIN SHAEFFER			
		Name of Person			
	OP	TIMUM BODY FITNESS, LLC			
		Firm/Company			
1015 S Dillard St Suite B					
Address					
		Winter Garden, FL 34787			
		City/State and Zip Code			
		kevinms23@gmail.com			
	E-mail address:	to be used for future annual report not	ification)		
For further information	on concerning this matter, please c	all:			
KEVIN SH	HAEFFER	407 808-2762			
Nar	ne of Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for	or the following amount:				
■ \$25.00 Filing Fee	© S30.00 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)		
P.O. Box 6	on Section f Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oc Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPTIMUM BODY FITNESS, LLC

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears ( Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document numberL13000154036	were filed on	10/31/2013	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company hero	<b>:</b>	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi	gnation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	1015 S. Dillard S	t. Suite B	
(Principal office address MUST BE A STREET ADDRESS)	Winter Garden, F	L 34787	
			2020 SEC
Enter new mailing address, if applicable:	1015 S. Dillard S	it. Suite B	HAR I I
Mailing address MAY BE A POST OFFICE BOX)	Winter Garden, F	L 34787	Ser To life
B. If amending the registered agent and/or registered office	address on our rec	ords, enter the nam	ne of the new regis
agent and/or the new registered office address here:			
Name of New Registered Agent:			·
New Registered Office Address:			
	Enter Florida	i street address	
		, Florida	<del></del>
	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 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 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
MGR	ERNESTO ALVARENGA	4852 BLUE MAJOR DR WINDERMERE FL 34	786 
			□Remove
AMBR	MARIDELYN ALVARENGA	4852 BLUE MAJOR DR WINDERMERE FL 34	78[ <i>0</i> ≣ Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
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Tective date, if other than the can effective date is listed, the date must note: If the date inverted in this bloom	late of filing:	he prior to date of	filing or more than 90	(optional)	a to 605 0207 (2
ote: If the date inserted in this blo ocument's effective date on the De	ek uoes not meet in	e appricante statu	tory filing requiren	nents, this date will not	be listed as th
remient seffective date of the De	partition of State 8	records.			
record specifies a delayed effective is filed.	date, but not an eff	ective time, at 12	:01 a.m. on the earl	ier of: (b) The 90th d	ay after the
February, 20	202	0			
		•			

Typed or printed name of signee