L17000164381

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	***************************************
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	me)
(Daniel	All makes	
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	

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1 Statem JAN 28 2013

James D. Palermo General Counsel and Executive Vice President



January 22, 2014

VIA FEDERAL EXPRESS

Florida Department of State Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re:

Fittest Cup Events, LLC

L13000164381

Gentlemen:

Enclosed please find, for filing with your office, an original and copy of an Amendment to the Articles of Organization of Fittest Cup Events, LLC. The Amendment changes the name of the company to Fitness Cup Events, LLC.

I am also enclosing a check, in the amount of \$55.00, in payment for the required filing fee and for the return to my attention of a certified copy of the Amendment

Very truly youns,

JAMES D. PALERMO

JDP/ms Enclosures

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Fittes	st Cup Events,	LLC	
	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	James D. Pa	alermo	
		Name of Person	
	DeBartolo H	loldings, LLC	
		Firm/Company	<u> </u>
	15436 North	Florida Aven	ue, Suite 200
		Address	
	Tampa, FL	33613	
		City/State and Zip Code	
	jpalermo@debar	toloholdings.com	
For further information	concerning this matter, please c		,
James D. I	Palermo	" ₄ 813 ₃ 90	08-8400 Daytime Telephone Number
Name	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	■ \$55.00 Filing Fee &	\$60.00 Filing Fee,

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number L13000164381	November 22, 2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
Fitness Cup Events, LLC	
The new name must be distinguishable and end with the words "Limited Liability Company	y," 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)	error er
	11
	Biss. on
B. If amending the registered agent and/or registered office addre registered agent and/or the new registered office address here:	ss on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address: Ent	er Florida street address
Cin.	, Florida

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

Fittest Cup Events, 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Aut	horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			
			Remove
		-	
			□ Add
			Remove
			∴ Add ·• • • • • • • • • • • • • • • • • •
			Remove
			Add
			Remove
			Remove .

D. If amending any other information, enter change(s) here: (Attach addition	onal sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
C. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) be more than 90 days after
Dated January 13 , 2014	
All	
Signature of a member or authorized representative	of a member
Adam Van Rees, Manager	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00