## K14000052297

| (Requestor's Name)                      |  |  |  |  |
|-----------------------------------------|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|                                         |  |  |  |  |
|                                         |  |  |  |  |
|                                         |  |  |  |  |
|                                         |  |  |  |  |

Office Use Only



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05/23/22--01020--021 \*\*30.00

SECRETARY OF STATE

## **COVER LETTER**

| TO: Registration<br>Division of C |                                                       |                                                                     |                                                                                            |  |
|-----------------------------------|-------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--|
| Triumph                           | Fitness LLC                                           |                                                                     |                                                                                            |  |
| SUBJECT:                          | Name of Lin                                           | nited Liability Company                                             | <u></u>                                                                                    |  |
| The enclosed Articles             | of Amendment and fee(s) are sul                       | bmitted for filing.                                                 |                                                                                            |  |
| Please return all corres          | pondence concerning this matter                       | to the following:                                                   |                                                                                            |  |
|                                   | Ryan Pergola                                          |                                                                     |                                                                                            |  |
|                                   |                                                       | Name of Person                                                      |                                                                                            |  |
|                                   | Triumph Fitness LLC                                   |                                                                     |                                                                                            |  |
|                                   |                                                       | Firm/Company                                                        |                                                                                            |  |
|                                   | 2646 Bayshore Blvd                                    |                                                                     |                                                                                            |  |
|                                   |                                                       | Address                                                             |                                                                                            |  |
|                                   | Dunedin, FL 34698                                     |                                                                     |                                                                                            |  |
|                                   | City/State and Zip Code ryan@familyfitnesscenters.net |                                                                     |                                                                                            |  |
|                                   |                                                       | to be used for future annual report notif                           | leation)                                                                                   |  |
| For further information           | concerning this matter, please c                      | all:                                                                |                                                                                            |  |
| Ryan Pergola                      |                                                       | 727 667-6372                                                        |                                                                                            |  |
| Name of Person                    |                                                       | at ()<br>Area Code Daytime                                          | : Telephone Number                                                                         |  |
| Enclosed is a check for           | 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) |  |
| Mailing Address:                  |                                                       | Street Address:                                                     |                                                                                            |  |
| Registration Section              |                                                       | Registration Sec                                                    | tion                                                                                       |  |

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 MAY 23 AM 9: 27

Triumph Fitness LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

|                                                                                                                           | ability Company were filed on 03/31/2014                                                                | and assigned              |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------|
| Florida document number L14000052297                                                                                      |                                                                                                         |                           |
| This amendment is submitted to amend the follo                                                                            | owing:                                                                                                  |                           |
| A. If amending name, enter the new name of                                                                                | the limited liability company here:                                                                     |                           |
| Family Fitness Centers Dunedin LLC                                                                                        |                                                                                                         |                           |
| The new name must be distinguishable and contain the w                                                                    | ords "Limited Liability Company," the designation "LLC" or                                              | the abbreviation "L.L.C." |
| Enter new principal offices address, if applica                                                                           | able:                                                                                                   |                           |
| (Principal office address MUST BE A STREE                                                                                 | T ADDRESS)                                                                                              |                           |
|                                                                                                                           |                                                                                                         |                           |
|                                                                                                                           |                                                                                                         |                           |
| Enter new mailing address, if applicable:                                                                                 |                                                                                                         |                           |
| (Mailing address MAY BE A POST OFFICE I                                                                                   | <u></u>                                                                                                 |                           |
|                                                                                                                           |                                                                                                         |                           |
|                                                                                                                           |                                                                                                         |                           |
|                                                                                                                           |                                                                                                         |                           |
| B. If amending the registered agent and/or re                                                                             | egistered office address on our records, <u>enter the</u>                                               |                           |
| B. If amending the registered agent and/or re                                                                             | egistered office address on our records, <u>enter the</u>                                               |                           |
| B. If amending the registered agent and/or re<br>agent and/or the new registered office addres                            | egistered office address on our records, <u>enter the</u><br><u>s here</u> :                            | name of the new registero |
| B. If amending the registered agent and/or re                                                                             | egistered office address on our records, <u>enter the</u>                                               | name of the new registero |
| B. If amending the registered agent and/or re<br>agent and/or the new registered office addres                            | egistered office address on our records, <u>enter the</u><br><u>s here</u> :                            | name of the new registero |
| B. If amending the registered agent and/or reagent and/or the new registered office addres  Name of New Registered Agent: | egistered office address on our records, <u>enter the</u> <u>s here</u> :  Enter Florida street address | name of the new registere |
| B. If amending the registered agent and/or reagent and/or the new registered office addres  Name of New Registered Agent: | egistered office address on our records, <u>enter the</u><br><u>s here</u> :                            | name of the new registero |

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 |
|---------------------|-----------------|---------------------|----------------|
| AMBR Crystal Pergol | Crystal Pergola | 13183 Payton Street | ■Add           |
|                     |                 | Odessa, Fl. 33556   | □Remove        |
|                     |                 |                     | □Change        |
|                     |                 |                     | □Add           |
|                     |                 |                     | Remove         |
|                     |                 | <del></del>         | ☐ Change       |
|                     |                 | <del></del>         | □Add           |
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|                     |                 |                     | □Remove        |
|                     |                 |                     | □Change        |

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: 20-May-2022 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. 2022 May 18th Dated Signature of a member or authorized representative of a member Ryan Pergola

Filing Fee: \$25.00

Typed or printed name of signee