# 214000068087

(Rec	uestor's Name)
(Add	dress)
•	
(Add	dress)
	-,,
(Cit	//State/Zip/Phone #)
(OII)	
PICK-UP	
(Bus	siness Entity Name)
	· · · · · · · · · · · · · · · · · · ·
(Doc	cument Number)
Certified Copies	Certificates of Status
	ļ
Special Instructions to F	-iiing Onicer:
	Office Use Only
	1

1



04/08/18--01035--001 \*\*50.00



1.5 2019

**NEDER** 



# **COVER LETTER**

TO: Registration Sec Division of Corp				1 ***
Delilah Bald	ing, LLC			
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Delilah Balding			
		Name of Person		
	Delilah Balding, LLC			
		Firm/Company		
1	313 Colorado Springs Way	y		
		Address		
	St. Augustine, FL 32092			
		City/State and Zip Code	_,	
	delilah.balding@gmail.com			
		to be used for future annual	report notification	)
For further information co	ncerning this matter, please c	ail:		
Delilah Balding		407 31- at ( )	4-3465	
Name of	Person	Area Code	Daytime Telepl	hone 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 ene		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Division P.O. Bo:	G ADDRESS: tion Section of Corporations 6327 see. FL 32314	Registrat Division Clifton B 2661 Exe	F/COURIER AI tion Section of Corporations Building ecutive Center Ci see, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Delilah Balding, LLC

#### (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organiz	ation for this Limited Liability Company were filed on	4/28/2014 and as	ssigned
Florida document numb	er		

This amendment is submitted to amend the following:

### A. If amending name, enter the new name of the limited liability company here:

Samson Strength & Performance PT, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

#### 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)

I.

S
ECT A
R -8

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:		
New Registered Office Address:		
1	Enter Florida street a	uldress
		, Florida
	City	Zin 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

# MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
				🛛 Add
				Remove
				Change
				🗆 Add
				🗆 Remove
				hange
·				
			ASSEE FLORIDA	
		   		Rem Change
				_D Add
				_ Remove
		t		_□ Change
<u></u>		<u> </u>	<u></u>	_D Add
			,,,,,,	_ Remove
				_D Change
		 		_🗆 Add
				_ Remove
		1		_ Change
		Page 2 d	of 3	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

		 			-
1	•				
	• • • • • • • • • • • • • • • • • • • •	 			•
	<u> </u>	 			
	· · · · · · · · · · · · · · · · · · ·	 			•
	·	 	······································		
					_
	1				
		 			•
	1				
	1	 	· • •	· · · ·	•
	-1				
	<u>.</u>	 			
	<u> </u>	 <u>.</u>			
	1		i SE	10	
	· · · · · · · · · · · · · · · · · · ·	 	<u> </u>	_ <u>&gt;</u> -	
	1			<u>d</u>	1
		 	<u></u>	$\tilde{1}$	
			04.00 ≥-m	œ	5
			No		, m
		 	<u> </u>	X	ILED
				$\sim$	$\mathbf{O}$
· · · ·	· · · · · · · · · · · · · · · · · · ·	 · · · · ·		<u> </u>	-
			ALL AHASSEE, FLORIDA	19 APR -8 PH 2:47	
	<u></u>	 <del></del>			•

E. Effective date, if other than the date of filing: \_\_\_\_\_\_(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.

Dated <u>April</u>	2019 Signature of a member or authorized representative of a member
Delilah Ba	ding Typed or printed name of signee
	Page 3 of 3 Filing Fee: \$25.00