

L14000112146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

JUL 24 2014

A. LUNT

Office Use Only



700262453437

07/21/14--01037--008 \*\*25.00

RECEIVED  
FALL RIVER  
MASS  
JUL 21 2014

2014 JUL 21 AM 9:49

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Gymbug, LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Helen Ramos

\_\_\_\_\_  
Name of Person

Gymbug, LLC

\_\_\_\_\_  
Firm/Company

15538 NW 83 PL

\_\_\_\_\_  
Address

Miami Lakes, FL 33016

\_\_\_\_\_  
City/State and Zip Code

helenramos06@comcast.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2014 JUL 21 AM 9:48  
TALLAHASSEE, FL 32301

FILED

For further information concerning this matter, please call:

Helen Ramos

305 215-1597

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**TO  
ARTICLES OF ORGANIZATION  
OF**

Gymbug, LLC

\_\_\_\_\_  
(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 Company were filed on 07/15/2014 and assigned  
Florida document number L14000112146.

This amendment is submitted to amend the following:

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

\_\_\_\_\_  
The new name must be distinguishable and end with the words "Limited Liability Company," 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)**

**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: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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 Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

266 Add ☐ Remove

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 16, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Helen Ramos

\_\_\_\_\_  
Typed or printed name of signee

FILED  
2014 JUL 21 AM 9:48  
CLERK OF COURT  
TALLAHASSEE, FLORIDA