

L15000007542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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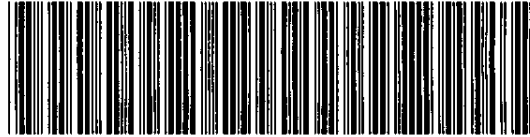
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 29 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVICTUS LIFECLUB LLC

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:

Robert Taraboulos

Name of Person

KSDT & COMPANY

Firm/Company

9300 S. Dadeland Blvd Suite 600

Address

Miami, FL 33156

City/State and Zip Code

rtaraboulos@ksdt-cpa.com

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

For further information concerning this matter, please call:

Robert Taraboulos

305 670-3370
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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:
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

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

INVICTUS LIFECLUB 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 01/13/15 and assigned
Florida document number L15000007542.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

180 Crandon Blvd, Suites 112 & 113

(Principal office address MUST BE A STREET ADDRESS)

Key Biscayne, FL 33149

Enter new mailing address, if applicable:

180 Crandon Blvd, Suites 112 & 113

(Mailing address MAY BE A POST OFFICE BOX)

Key Biscayne, FL 33149

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

City, Florida

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Dated May 18 2015

☒ A. J. [Signature]
Signature of a member or authorized representative of a member

X EDUARDE B. HABERFELD
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2015 MAY 21 PM 4:45

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