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COVER LETTER

то:		istration Sec ision of Corp		, e			
CEIDI		Red Spartan	Fitness Company, LLC				
SORJ	ECT:		Name of Lim	ited Liability Company			
The e	nclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please	e return	all correspon	idence concerning this matter	to the following:			
			Keith McGuire				
				Name of Person			
Red Spartan Fitness Company, LLC							
			Firm/Company 5103 Forsyth Commerce Road, Suite 3 Address				
			Orlando, FL 32807				
				 			
			kmcguire200@gmail.com				
			E-mail address: (to be used for future annual report noti	fication)		
For fi	ırther ir	nformation co	ncerning this matter, please ca	all:			
Keith	McGu	iire		407 808-9645 at ()			
		Name of	Person	Area Code Daytim	e Telephone Number		
Enclo	sed is a	check for the	e following amount:	,			
■ \$:	25.00 F	iling 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

Red Spartan Fitness Company, LLC		
(Name of the Limited Lial (A Flor	oility Company as it now appears on our recordida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 03/06/2015	and assigned
lorida document number L15000041250	·	
his amendment is submitted to amend the following:	:	
. If amending name, enter the new name of the li	mited liability company here:	इ.% ड
PRIMUS Fitness, LLC		
he new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		mi C
Principal office address MUST BE A STREET ADI	DRESS)	五公 等
		第二 の
		30
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
. If amending the registered agent and/or reg	gistared office address on our record	le enten the nome of the
egistered agent and/or the new registered office a		is, enter the name of the
Name of New Registered Agent:		
Name of New Registered Agent.		-
New Registered Office Address:		
	Enter Florida street addre	2.5.5
	F	lorida
	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

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
			
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n effect Ite: If	e date, if other than ive date is listed, the date the date inserted in thi t's effective date on th	must be specific as block does not	nd cannot be prior meet the applic	able statutory filir	nore than 90 days a		
	rd specifies a dela Oth day after the			t an effective	time, at 12:0	1 a.m. on the	earlier o
tad	February	y 14	, 2018				
ileu	February Bobby	Signature of a	Hure a member or auth	orized representative	e of a member		

Page 3 of 3

Filing Fee: \$25.00