

L15000050410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2016 FEB 16 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

K. SALY  
EXAMINER

FEB 17 -



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2016

ATHLETICSFIT LLC            2ND MAILING  
MIKHAIL SIDORENKO  
1455 NE 121 ST, STE. 510  
NORTH MIAMI, FL 33161

SUBJECT: ATHLETICSFIT LLC  
Ref. Number: L15000050410

We have received your document for ATHLETICSFIT LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 716A00002684

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AthleticsFit 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:

Mikhail Sidorenko

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

AthleticsFit LLC

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

1455 NE 121 street, apt# A510

\_\_\_\_\_  
Address

North Miami, florida, 33161

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

athleticsfitmiami@gmail.com

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

For further information concerning this matter, please call:

Mikhail Sidorenko

774

3100077

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

RECEIVED  
2016 FEB 16 PM 3:49  
STATE  
TALLAHASSEE, FLORIDA

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

ATHLETICSFIT LLC

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

FILED  
2016 FEB 16 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/20/2015 and assigned  
Florida document number L15000050410.

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:

(Principal office address MUST BE A STREET ADDRESS)

1455 NE 121 STREET, APT# A510

NORTH MIAMI, FLORIDA, 33161

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1455 NE 121 STREET, APT# A510

NORTH MIAMI, FLORIDA, 33161

**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:

MIKHAIL SIDORENKO

New Registered Office Address:

1455 NE 121 STREET, APT# A510,

*Enter Florida street address*

NORTH MIAMI

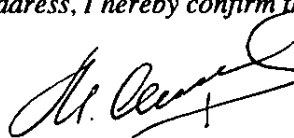
*City*

Florida 33161

*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>	<u>Type of Action</u>
AMBR	MILOS RISTIC	1455 NE 121 st, apt# A510, North Miami, 33161	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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COUNTY OF FLORIDA

2016 FEB 10  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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U.S. DEPT. OF JUSTICE  
FALL ARIZONA

**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 02/11/2016, \_\_\_\_\_

Mikhail Sidorenko

Typed or printed name of signee