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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tumbling	Salo Gymatas aime of Limited Liability Jompany
Dear Sir or Madam:	ane of Limited Liability Gompany
The enclosed Registered Agent/Registered	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Tracey Rose	
Jumbling Soulto	n mastes
Firm/Company 4431 Easton + R	
Address	are way
Fort Ornce, FL	32127
Tracey, Actour	ma long som
E-mail address (to be used for future	innual report notification)
For further information concerning this matt	l er, please call:
0	
Tracey Kose	at (386)760 - 1445
Name of Person	Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tumbling Sats	Gymastics. 78	SA fle Day tora Gi	Karrah
(A	Liability Company as it now appears on or Florida Limited Liability Company)	., ,	J
The Articles of Organization for this Limited Liab	oility Company were filed on	8 2015 and assigned	
Florida document number <u>CP 575</u>	<u>A</u> .		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company here:		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designat	tion "LLC" or the abbreviation "LL.C."	<u> </u>
Enter new principal offices address, if application	le:		<u>::[]</u>
(Principal office address MUST BE A STREET)	ADDRESS)	<u></u>	
i i			<u> </u>
ill i		: ::: :::	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICEIBO	OX)	23	(6)
II			
 B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of th	е пем
registered agent allow the new registered office	e auuress nere.		
Name of New Registered Agent:			
New Registered Office Address:			
i i i i i i i i i i i i i i i i i i i	Enter Florida stre	e e t address	
il de la companya de		, Florida	
li.	City	7.ip 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 or removed from our records: MGR = Manager AMBR = Authorized Member		to manage, enter the title, name, and address of each person being added		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
MGR	Michael Gree	945 Country Park. Peland, FL 3272	[] Add	
		Deland FL 32724	☐ Remove	
			Change	
			Change	
			Add	
			Remove	
			Change	
			☐ Add	
		<u> </u>	☐ Remove	
			Change	
			☐ Remove	
	1		Change	
			□ Add	
			Remove	
			□ Change	

. If amending any other information, enter change(s)	here: (Attach additional sheets, if necessary.)
	-
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	7
	NOW 29
	
Effective date if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
document's effective date on the Department of State's reco	opplicable statutory filing requirements, this date will not be listed as the ords.
	t not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed!	
	57
Dated Nevember 10 20	<u> </u>
Took to the second	2
Signature of a member of	authorized representative of a member
Tracey SiRas	.0
Typed or p	printed name of signee
i i i i i i i i i i i i i i i i i i i	
∭ p	Page 3 of 3
	g Fee: \$25.00