

7/29/2015

Division of Corporations

# L15000093477

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : BALDY MARTINEZ P.A.  
Account Number : I20110000042  
Phone : (305)454-5804  
Fax Number : (305)454-5808

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**VIP FITNESS CENTER USA LLC.**

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

H15000184202 3

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VIP FITNESS CENTER USA, 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:

Baldy Martinez, Esq

Name of Person

Baldy Martinez, P.A.

Firm/Company

1999 SW 27th Avenue, 2nd Floor

Address

Miami, FL 33145

City/State and Zip Code

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

For further information concerning this matter, please call:

Baldy Martinez, Esq

at (305) 454-5804

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

H15000184202 3

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

VIP FITNESS CENTER USA 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 5/28/2015 and assigned  
Florida document number L15000093477

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:

5329 NW 36th Ave

(Principal office address **MUST BE A STREET ADDRESS**)

Miami, FL 33142

Enter new mailing address, if applicable:

5329 NW 36th Ave

(Mailing address **MAY BE A POST OFFICE BOX**)

Miami, FL 33142

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:

Daniele Facciuto

New Registered Office Address:

5329 NW 36th Ave

Enter Florida street address

Miami

Florida 33142

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.

DocuSigned by:  
  
D014DA101C8141B...

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:

H15000184202 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Luigi Scutaro	5511 NW 72 Ave	<input type="checkbox"/> Add
		Doral, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VIP FITNESS CENTER C.A. LLC	5329 NW 36th Ave	<input checked="" type="checkbox"/> Add
		Miami, FL 33142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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H15000184202 3

D. If amending any other information, enter change(s) here: *FI 10000184202* (Attach additional sheets, if necessary.)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing ) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated \_\_\_\_\_,

DocuSigned by:



Signature of a member or authorized representative of a member

Daniele Facciuto

Typed or printed name of signer