

L15000103321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

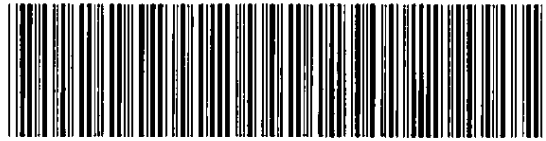
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200414310482

08/22/23--01008--020 \*\*30.00

FILED

2023 AUG 22 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FL



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FONTANA FITNESS 2 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:

PAULA RIVAS

Name of Person

Firm/Company

2560 NE 205<sup>th</sup> Terrace

Address

MIAMI FL 33180

City/State and Zip Code

PAULA\_RIVAS@hotmail.com

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

For further information concerning this matter, please call:

PAULA RIVAS

Name of Person

at ( 786 )

Area Code

602 0436

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Fontana Fitness 2 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 June 15<sup>th</sup> 2015 and assigned Florida document number 415000103321.

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)**

2560 NE 20<sup>th</sup> Terrace,  
MIAMI FL 33180

**Enter new mailing address, if applicable:**

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

2560 NE 20<sup>th</sup> Terrace  
MIAMI, FL 33180

**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**

FILED  
2023 AUG 22 AM 8:51  
CLERK OF STATE  
TALLAHASSEE, FL

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	Fontana Fitness LLC	3335 Shenden St, Bellwood	<input type="checkbox"/> Add
		FL, 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAULIA M RIVA	2560 NE 20th Terrace	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LEONARDO FONTANA	2560 NE 20th Terrace	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

our new purpose is to provide online education  
in Fitness and health through a website platform.

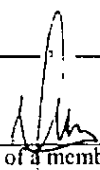
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 August 10th 2023.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Louie Rivas

\_\_\_\_\_  
Typed or printed name of signee