# L15000117219

(	Requestor's Name)	
(	Address)	
(	Address)	
(	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(	Business Entity Name)	
(	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	





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FEB 0 5 2016 J. HARRIS

### COVER LETTER .

TO: Registration Se Division of Cor			
SUBJECT:	SECONO	Koura F	THESS
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	,
		Tason W. 1	1E85
		Name of Person  SECOND POUR  Firm/Company	end Fitness
		18 SE 26 TH TE	ERRACE
	Ca	EDE CORAL, 1	TL 33904
	E-mail address: (	City/State and Zip Code  Code	gnail.com
For further information c	oncerning this matter, please ca	all:	
Tason	WHESS	at 239 910	-5333
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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



January 27, 2016

JASON W HESS 218 SE 26TH TERRACE CAPE CORAL, FL 33904

SUBJECT: SECOND ROUND FITNESS, LLC

Ref. Number: L15000117219

We have received your document for SECOND ROUND FITNESS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 416A00001842

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

_	Or
Second	Round Tityess LLC
(Name of the Limited Liabilia (A Florida	ty Company as it now appears on our records.) i Limited Liability Company)
The Articles of Organization for this Limited Liability C	company were filed on JUNE 36, 20/5 and assigned
Florida document number <u>L/5000//</u> <del>7</del>	<u>-219</u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	
	7.0 21 7.0 21
	Si A
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	9
B. If amending the registered agent and/or registered agent and/or the new registered office address.	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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

MGR = M AMBR = A	lanager Luthorized Member		
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document's effective date	e on the Department of St	ate's records.		
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Filing Fee: \$25.00