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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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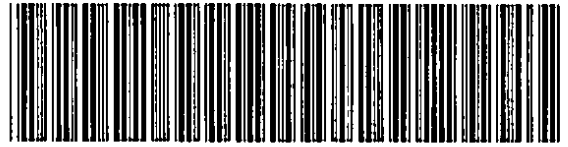
(Business Entity Name)

(Document Number)

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21/12/21 PM 3:26

T. MATTHEWS
DEC 16 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Hyte Fitness 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:

Kathleen Hull-Ryde

Name of Person

Hyte Fitness LLC

Firm/Company

1901 Brantley Rd #17

Address

Fort Myers FL 33907

City/State and Zip Code

maric.fhyte@gmail.com

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

For further information concerning this matter, please call:

Mariana Monsalve - Chacon

Name of Person

at (406)

Area Code

580-3480

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**

Hyle Fitness LLC

21 DEC -6 PM 3:24

(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 9/02/2015 and assigned
Florida document number L15000150783

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Mariana Monsalve Chacon
1901 Brantley Rd #17
Enter Florida street address
Fort Myers, Florida 33907
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.

Mariana Monsalve Chacon
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

21050-6 PM 3:24

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>Kathleen Hull-Ryde</u>	<u>12099 Firewheel Place</u>	<input type="checkbox"/> Add
		<u>Venice, FL 34293</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MBR</u>	<u>Joel Germain</u>	<u>7552 Eagles Flight Lane</u>	<input type="checkbox"/> Add
		<u>Fort Myers FL 33912</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MBR</u>	<u>Mariana Monsalve Chacon</u>	<u>1755 Red Cedar Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Apt 4 Fort Myers FL 33907</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MBR</u>	<u>Ricardo J Morales Belen</u>	<u>1755 Red Cedar Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Apt 4 Fort Myers FL 33907</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MBR</u>	<u>John Kathrein</u>	<u>6361 Emerald Bay Court,</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Myers, FL, 33908</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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 December 1, 2021

Kathleen Hull-Ryde
Typed or printed name of signee

Filing Fee: \$25.00