L15000153883

(F	Requestor's Name)
	Address)
(/	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
<u> </u>	Oocument Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

Office Use Only



700291075737

10/14/16--01011--009 **25.00



OCT 1 4 2015 Y SULKER

COVER LETTER

TO: Registration Section : Division of Corporations :
SUBJECT: One Bay Gym 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:
Guy Gyorkos Name of Person
One Bay Gyms LLC Firm/Company
13817 Montoes Business Park Address
Tempe, FL 33635 City/State and Zip Code
Juy 2 Crossf, twestchase. Com If-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (727) 519-3861 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ted Mability Company as I (A Florida Limited Liability	t now appears on our y Company)	records.)
The Articles of Organization for this Limited L		filed on OGO	7/2015 and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability c	ompany here:	
The new name must be distinguishable and contain the w	vords "Limited Liability Cor	npany," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic			<u> </u>
(Principal office address MUST BE A STREE	T ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		OCT L PN 1 ASSESSMENT
B. If amending the registered agent and/ registered agent and/or the new registered of		ddress on our r	ecords, enter the name of the new
Name of New Registered Agent:	United States	Cerporation	n Agents Inc.
New Registered Office Address:	13817 M	Enter Florida street	ness Park
	- Tan	De~	Florida 33635 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.

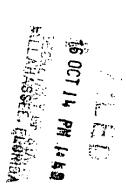
If Changing Registered Agent, Signature of New Registered Agent

			L Remove
• •			☐ Change
. ,			Add
			Remove
			Change
			Remove
			Change
			Remove
			Change
			Add Converse Remove
	Page 2 c	of 3	1:40

If amending Authorized Person(s) authorized to manage	, enter the title	name, and a	ddress of ea	ich person	being added
or removed from our records:					

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jennifer Valenti	13817 Monroes Business De	Add
		Janpa, FL 33635	Remove
			Change
			🗆 Add



	
	<u> </u>
	5
	5
	- 17
	5 to
Effective date, if other than the date of filing:	*
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier of
The 90th day after the record is filed.	
Dated October 6 , Zolle.	
PCP	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00