L15000198147

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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2016 HOY 28 A II: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. BRUCE NOV 2 9 2016



November 16, 2016

REBECCA HARGREAVES 1401 ELIZABETH AVE. WEST PALM BEACH, FL 33410

SUBJECT: WEST PALM ATHLETICS L.L.C.

Ref. Number: L15000198147

We have received your document for WEST PALM ATHLETICS L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate the changes on in the designated area on the amendment form.

Please return your document, along with a copy of this letter, within 60 day your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please & line (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 216A00024596

COVER LETTER

Division of Cor	porations		
suвјест:∕	Vest Palm Athl Name of Lin	etics LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Hargreaves Name of Person	
	<u> </u>	Alm Athletics Firm/Company	
	1401 EII	zabeth Ave.	77.L. S.E. S.E. S.E. S.E. S.E. S.E. S.E. S
	West P	alm Beach FL 33410 City/State and Zip Code GRL3@AOL. COM (to be used for future annual report notific	THE ROY 28 A SECRETARY OF THE ASSECT
	Gumby	GRL3@AOL.COM	cation)
For further information c	E-mail address: (oncerning this matter, please c		cation)
Jenny Car	ter	at (561) 352- Area Code Daytime	4419
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	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:

TO:

Registration Section

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

TO^\ ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company on it now superary on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on ### and assigned Florida document number 45000198/47.
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:
reference about anovor the new resistered outco aboutess here:
Name of New Registered Agent: My Santan Ingrae XXXX
New Registered Office Address. VMAM
Enter Florida street address
Cuy /ip 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

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

Page 1 of 3

2016 NOV 28 A II: 3

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or removed Ir	om our records:	Comment of the commen			
MGR = Mar AMBR = Aut	ager horized Member				
<u>Title</u>	Name	Address	Type of Action		
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		West Palm Beach FL 3340	Remove		
			Change		
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E. Effective date, if other than the date of f	iling:	(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)(1
Note: If the date inserted in this block does not document's effective date on the Department		imng requirements, this date	will not be	nsted as	ne
f the record specifies a delayed effective. b) The 90th day after the record is file.		ve time, at 12:01 a.m.	on the ea	rlier of	
b) The Sour day after the record is the	eu.				
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	o. be				
Signature of	of a member or authorized representa	ntive of a member		_	
Jennifer Car	of a member or authorized representation				
	Typed or printed name of signe			-	

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Filing Fee: \$25.00