# LIS000198879

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(Address)	
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(City/State	e/Zip/Phone #)
	WAIT MAIL
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(Documen	nt Number)
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## **COVER LETTER**

#### TO: Registration Section Division of Corporations

Stretch Zone Franchising LLC

SUBJECT: \_\_\_\_\_

~

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:

Jorden Gold

Name of Person

Stretch Zone Holdings LLC

Firm/Company

1500 Cordova Road, #224

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

jgold@stretchzone.com

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

For further information concerning this matter, please call:

Jorden Gold	786	546-4653
	at ()	
Name of Person	Area Code	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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stretch Zone Franchising LLC	
( <u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>1.15000198879</u> .	November 25, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	<u>v here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company." Enter new principal offices address, if applicable:	the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
	• • 7
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u>?</u>
	 ව දු
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, <u>enter the name of the new</u>
Name of New Registered Agent: Jorden Gold	,
	· · · · · · · · · · · · · · · · · · ·

Enter Florida street address	: 0
	03

#### 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<b>Type of Action</b>
MGR	MICHAEL, BUSH S	1500 Cordova Rd #204	D Add
		Ft. Lauderdale, FL 33316	🛛 Remove
			Change
MGR	Jorden Gold	1500 Cordova Rd #204	Add
		Ft. Lauderdale, FL 33316	Remove
		<u></u>	Change
			🗆 Add
			Remove
		Change	
			🗌 Add
			Remove
			Change
			□ Add
			Remove
			Change
			🖸 Add
			Remove
			Change

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

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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.

ed	$\frac{2019}{2}$
	Noun John
	Significate of a member or authorized representative of a member
Je	orden R. Gold, Authorized Rep. of a Member
	Typed or printed name of signee

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Filing Fee: \$25.00