

L15000208324

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

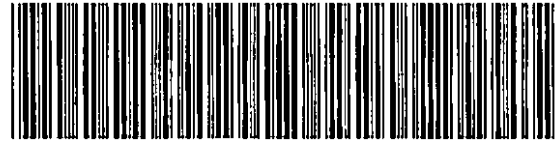
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SECRETARY OF STATE  
101 FINE STREET  
DOVER, DE 19901

K SALY

JUN 29 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2018

DOWN RANGE FITNESS LLC  
SIDNEY L JOHNSON  
12610 NW JOHNSON RD.  
BRISTOL, FL 32321

SUBJECT: DOWN RANGE FITNESS LLC  
Ref. Number: L15000208324

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 318A00009484

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DOWN RANGE FITNESS  
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:

SIDNEY L JOHNSON  
Name of Person

DOWN RANGE FITNESS  
Firm/Company

10667 NW SR 20  
Address

BRISTOL, FL 32321  
City/State and Zip Code

johnson.sidney22@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIDNEY L JOHNSON at ( 850 ) 296-5500  
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

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOWN RANGE FITNESS

(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 12/15/15 and assigned  
Florida document number L15000208324.

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**)

10667 FL-20  
Bristol FL. 32321

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

10876 NW Spring St.  
Bristol, FL. 32321

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:

STONEY L JOHNSON

New Registered Office Address:

10667 FL-20

Enter Florida street address

BRISTOL

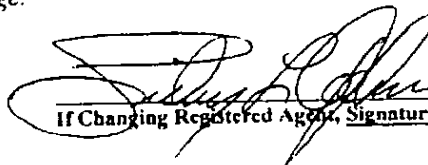
City

Florida 32321

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert Wheatley	116197 NW CR 379A	<input type="checkbox"/> Add
		Bristol FL 32321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Paula J Wheatley	116197 NW CR 379A	<input type="checkbox"/> Add
		Bristol FL 32321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Sheila Cook	4399 Pine Grove Church Rd	<input type="checkbox"/> Add
		Quincy FL 32351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sidney L Johnson	118176 NW Spring Street	<input checked="" type="checkbox"/> Add
		Bristol, FL 32321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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18

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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)(b)

**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.

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.

Dated 6-25-18, \_\_\_\_\_

  
Signature of a member or authorized representative

SPENCER L JOHNSON  
Typed or printed name of signer