

U6000026621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

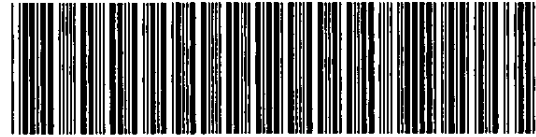
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAR 7 2017

COVER LETTER

TO: Registration Section
Division of Corporations

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:

JACOB GORDON

Name of Person

VALOR FITNESS CAMP

Firm/Company

16907 GALT BLVD.

Address

N. REDINGTON BCH. FL. 33708

City/State and Zip Code

VALORFITNESSCAMP@GMAIL.COM

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

For further information concerning this matter, please call:

JACOB GORDON

Name of Person

at

216

Area Code

254-5253

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Valor Fitness Camp LLC

(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 2/8/16 and assigned Florida document number 16000026621

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Valor Fitness Camp LLC

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)

16907 GULF BLVD.
N. REDINGTON BCH.
FL. 33708

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 59065
16907 GULF BLVD.
N. REDINGTON BCH. FL. 33708

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:

JACOB GORDON

New Registered Office Address:

16907 GULF BLVD.

Enter Florida street address

N. REDINGTON BCH.

Florida

City

Zip Code

FILED
MAR 9
AM 9
STATE OF FLORIDA
TALLAHASSEE

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.

JHG
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>
AMBR MGR	ANNY MENDEZ	17006 2ND ST	<input checked="" type="checkbox"/> Add
		N. REDINGTON BCH. FL. 33708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR MGR	JACOB GORDON	16907 GULF BLVD	<input checked="" type="checkbox"/> Add
		N. REDINGTON BCH.	<input type="checkbox"/> Remove
		FL. 33708	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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OFFICE OF THE
CLERK OF THE
COURT

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

ANNY MENDEZ IS GIVING FULL OWNERSHIP
AND MANAGEMENT TO JACOB GORDON

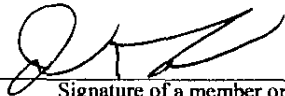
E. Effective date, if other than the date of filing: _____ (optional)

(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 _____



Signature of a member or authorized representative of a member

JACOB GORDON

Typed or printed name of signee

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TALLAHASSEE, FLORIDA