

L16000028156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

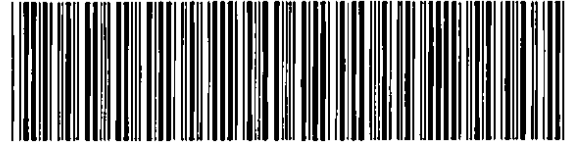
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R. HUNT

10/26/23

# COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: NW# GYM, LLC  
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matt Rismiller  
Name of Person  
NW# GYM, LLC  
Firm/Company  
6726 Curran Street 2nd Floor  
Address  
McLean, VA 22101  
City/State and Zip Code  
matt@fitnesscf.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matt Rismiller at 407 929-3108  
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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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

\_\_\_\_\_  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 2/9/2016 and assigned  
document number L16000028156.

As amendment is submitted to amend the following:

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

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

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:

Matt R. Smiller

New Registered Office Address:

3880 E Osceola Rd

Enter Florida street address

Genova

City

Florida

32732

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

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Division of Corporations  
State of Florida

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

GR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
UGR	Gurnsey, David	236 Ruby Lake Lane	<input type="checkbox"/> Add
		Winter Haven, FL 33884	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bossung, Brett	28 West 69th Street	<input type="checkbox"/> Add
		Apt 6A	<input type="checkbox"/> Remove
		New York, NY 10023	<input type="checkbox"/> Change
AMBR	Risomiller, Matt	3880 E Osceola Rd	<input checked="" type="checkbox"/> Add
		Geneva, FL 32732	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Byington, Ross	6726 Curran Street	<input checked="" type="checkbox"/> Add
		2nd Floor	<input type="checkbox"/> Remove
		McLean, VA 22101	<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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UNIT 03 8770  
DIVISION OF CORRECTIONS

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DIVISION OF CORPORATIONS


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

*(This area contains horizontal lines for amending information.)*

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 October 10, 2023

  
Signature of a member or authorized representative of a member

Matt Rismiller  
Typed or printed name of signee