## L16000058320

(Requestor's Name)				
(Add	ress)			
(Address)				
(City)	/State/Zip/Phone	e #1		
(On)	- Cuaror E. p// 110111	,		
PICK-UP	☐ WAIT	MAIL		
(Busi	iness Entity Nar	ne)		
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	ument Number)			
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Certified Copies	Certificates	s of Status		
Special Instructions to F	ilina Officer:			
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Office Use Only



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FILED 2020 DEC 21 PH 2: 19

1/29/21

## **COVER LETTER**

TO:	Registration Se Division of Cor						
SUBJE		ELITE FITNESS LLC	•				
Name of Limited Liability Company							
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn all correspo	endence concerning this matter	to the following:				
		EDWARD CORDOVEZ					
			Name of Person				
		SCORPIUS ELITE FITNE	ESS LLC				
Firm/Company							
	7875 W 2ND CT #1						
			Address				
	HIALEAH FL 33012  City/State and Zip Code  EDWARD@TEKORDER.COM						
		<u> </u>	to be used for future annual report noti-	fication)			
For furtl	ner information c	oncerning this matter, please ca	all:				
EDWA	RD CORDOVEZ		786 368-3748				
Name of Person			e Telephone Number				
Enclose	d is a check for th	ne following amount:					
<b>■</b> \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCORPIUS ELITE FITNESS LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability (Florida document number $\frac{L16000058320}{L16000058320}$	Company were filed on 03/22/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviates "L.L.C."
Enter new principal offices address, if applicable:		E T
(Principal office address MUST BE A STREET ADD	RESS)	~ ~ =
		<u>" m</u>
Enter new mailing address, if applicable:		. 2: . <del>-</del>
(Mailing address MAY BE A POST OFFICE BOX)		•
MANUEL BENEFOLD OF THE BOW		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
<del></del>	City	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 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>	Address	Type of Action
MGRM	EDWARD CORDOVEZ	7875 W 2ND CT #1	□Add
		HIALEAH FL 33012	■Remove
			☐ Change
MGRM	DAYANA PELAEZ MOLINA	7875 W 2ND CT #1	□Add
		HIALEAH FL 33012	■Remove
			☐Change
		<del> </del>	
			□ Remble
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			□Change
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		<del> </del>	□ Remove
		<del> </del>	□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			Change

. : : : D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 12/10/2020 (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 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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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

December 10

2020

Signature of member or authorized representative of a member

EDWARD CORDOVEZ

Typed or printed name of signee