

L16000059254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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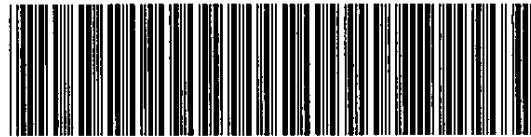
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUN 08 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GYM RATS SPORTS ACADEMY LLC

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:

VICTOR M. VERDI

Name of Person

VERDI ASSOCIATES GROUP INC

Firm/Company

312 E. VENICE AVENUE SUITE 203

Address

VENICE, FLORIDA 34285

City/State and Zip Code

vicverdi@comcast.net

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

For further information concerning this matter, please call:

VICTOR M. VERDI

732 829-8397
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

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CLERK OF DISTRICT COURT
REGISTERED AGENT
STATE OF FLORIDA
LAHASSE

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	THOMAS M CATANZARITE	7106 ROSEMONT DRIVE	<input checked="" type="checkbox"/> Add
		ENGLEWOOD, FLORIDA 34224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DONNA M CATANZARITE	7106 ROSEMONT DRIVE	<input checked="" type="checkbox"/> Add
		ENGLEWOOD, FLORIDA 34224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

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

6/2/7

Matthew Catanzarite
Signature of a member or author

Signature of a member or authorized representative of a member

MATTHEW CATANZARITE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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