116000059254

(Re	questor's Name)	
(Ad	dress)	<u>-</u>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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SECRETARY OF STATE
SECRETARY OF STATE

S. WARREN JUN 0 8 2017

COVER LETTER

Division of Cor	porations		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	VICTOR M. VERDI		
	-	Name of Person	
		Name of Person	
	VERDI ASSOCIATES GI	ROUP INC	
		Firm/Company	
	312 E. VENICE AVENUE	E SUITE 203	
		Address	
	VENICE, FLORIDA 3428	15	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	vicverdi@comcast.net		
	Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence 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 vieverdi@comcast.net E-mail address: (to be used for future annual report notification) on concerning this matter, please call: at (732		
For further information co	oncerning this matter, please co	all:	
VICTOR M. VERDI	Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence 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) concerning this matter, please call: at (732		
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	•	□ \$55 00 Filing Fee &	□ \$60 00 Filing Fee
\$25.00 Fining rec	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

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

GYM RATS SPORTS ACADEMY LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company Florida document number L16000059254	were filed on 03-23-2016	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	8050 MEMORY LANE UNIT 104		
(Principal office address MUST BE A STREET ADDRESS)	ROTONDA WEST, FLORIDA 33947		
Enter new mailing address, if applicable:	8050 MEMORY LANE UNIT 104		
(Mailing address MAY BE A POST OFFICE BOX)	ROTONDA FLORIDA 33	3947	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		ords, enter the name of the r	
New Registered Office Address:			
•	Enter Florida street address		
<u></u>	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	L		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete			

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
AMBR	THOMAS M CATANZARITE	7106 ROSEMONT DRIVE	■ Add
		ENGLEWOOD, FLORIDA 34224	□ Remove
			☐ Change
AMBR	DONNA M CATANZARITE	7106 ROSEMONT DRIVE	■ Add
		ENGLEWOOD, FLORIDA 34224	☐ Remove
			Change
			Add
			☐ Remove
			□ Add
			Remove
		☐ Change	
			☐ Remove
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(If an effe Note:	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a f the date inserted in this block does not meet the applicable statutory filing requirements, ant's effective date on the Department of State's records.	ptional) after filing.) Pursuant to 605 this date will not be liste	5.0207 ed as t
docann	in 5 effective date on the Department of State 5 feedbas.		
	ord specifies a delayed effective date, but not an effective time, at $12:0$ 90th day after the record is filed.	1 a.m. on the earlie	er of:
Dated_	6/2/17		
Dated_	Matthew Contamparite		
	Signature of a member or authorized representative of a member	17	
	MATTHEW CATANZARITE		
	Typed or printed name of signee	TSS T	
	Page 3 of 3		

Filing Fee: \$25.00