

L160000083119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

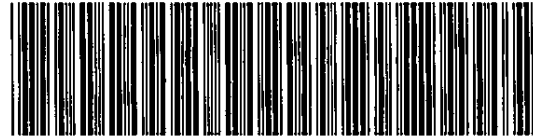
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800293025878

01/09/17--01031--012 **25.00

FILED
17 JAN -9 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JAN 11 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ty's Fitness 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:

Tyrone A. DAVIS
Name of Person

Ty's Fitness LLC
Firm/Company

1307 Historic Goldsboro Blvd
Address

Sanford, Florida 32771
City/State and Zip Code

TysFitness16@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyrone A. DAVIS at (402) 510-4940
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

FILED
JAN - 9 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

TY'S FITNESS 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 APRIL 27, 2016 and assigned
Florida document number L16000083118.

This amendment is submitted to amend the following:

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

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)

1307 HISTORIC GOLDSBORO BLVD

SANFORD, FLORIDA 32771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1307 HISTORIC GOLDSBORO BLVD

SANFORD, FLORIDA 32771

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:

New Registered Office Address:

Enter Florida street address

Florida

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 Changing Registered Agent, Signature of New Registered Agent

FILED
JAN -9 PM 12:36
17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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	TYRONE A. DAVIS	1307 Historic Goldsboro Blvd Sanford, FL 32771	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TYRONE A. DAVIS	1307 Historic Goldsboro Blvd. Sanford, FL 32771	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
17 JAN - 9 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

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.

Dated Jan 5th, 2017

Tyone A. Davis
Signature of a member or authorized representative of a member

Tyrone A. Davis
Typed or printed name of signer

FILED
JAN -9 PM 12:37
17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA