

L16 0000 89664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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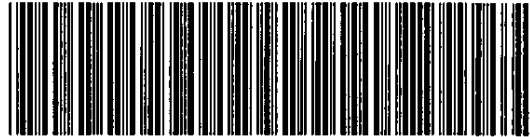
(Business Entity Name)

(Document Number)

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2016 AUG 19 A 11:55

TALLAHASSEE, FLORIDA

2016 AUG 19 2015
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GYM SRQ 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:

Jo Ann M. Koontz, Esq.

Name of Person

Koontz & Associates, PL

Firm/Company

1613 Fruitville Road

Address

Sarasota, Florida 34236

City/State and Zip Code

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

For further information concerning this matter, please call:

v@gymsrq.com

941 704-9787
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

FILED
2016 JUN 18 A 11:56
TALLAHASSEE, FLORIDA

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

GYM SRQ 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 05/06/2016 and assigned
Florida document number L16000089664.

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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

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>
MGR	VAMSEE CHAPPIDI	3509 51ST AVE W	☐ Add
		BRADENTON, FL 34210	☒ Remove
			☐ Change
AMBR	VAMSEE CHAPPIDI	3509 51ST AVE W	☒ Add
		BRADENTON, FL 34210	☐ Remove
			☐ Change
AMBR	ANDREW ADKISON	325 HERONS RUN DR	☒ Add
		#815	☐ Remove
		SARASOTA, FL 34232	☐ Change
AMBR	BRYAN LIEBERMAN	5301 CORK OAK WAY	☒ Add
		SARASOTA, FL 34231	☐ Remove
			☐ Change
AMBR	SOHNI LIEBERMAN	5301 CORK OAK WAY	☒ Add
		SARASOTA, FL 34231	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

TELEPHONE RECORDS
JAN 18 11:26
FEB 18 11:26

FILED
205 MAY 18 A 11:50
TALLAHASSEE, FL 32301

205 K118 A 1:50

(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.

Dated JULY 12, 2016

VAMSEE CHAPPIDI

Typed or printed name of signee