

L 16000095626

(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



600341580186

FILED
2020 MAR -3 AM 10:20
TALLAHASSEE, FL
STATE

20 MAR -3 11:10:16

Y SULKER

MAR 04 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 3/3/2020

****WALK IN****

ENTITY NAME FITNESS VENTURES, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX _____

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

E R JH

Please call Tina at the above number for any issues or concerns. *Thank you so much!*

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

FITNESS VENTURES, 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 05/19/2016 and assigned Florida document number 1.16000095626.

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: 999 DOUGLAS AVENUE, SUITE 3328
(Principal office address MUST BE A STREET ADDRESS) ALTAMONTE SPRINGS, FLORIDA 32714

Enter new mailing address, if applicable: 999 DOUGLAS AVENUE, SUITE 3328
(Mailing address MAY BE A POST OFFICE BOX) ALTAMONTE SPRINGS, FLORIDA 32714

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: BRIAN J. HIBBARD

New Registered Office Address: 999 DOUGLAS AVENUE, SUITE 3328

Enter Florida street address

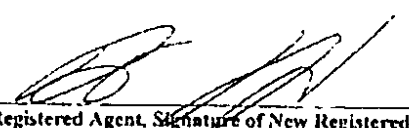
ALTAMONTE SPRINGS, Florida 32714

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

(The following text is extremely faint and largely illegible due to extreme vertical compression. It appears to contain several paragraphs of text, possibly related to a technical or scientific report.)

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is filed, it must be a date on or after the date of filing.)

(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 MARCH 2 2020

Signature of a member or authorized representative of a member

BRIAN J. HIBBARD

Typed or printed name of signee

Filing Fee: \$25.00