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ONVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: TY	Sical Culture L Name of Limited Liability C	Company	·
The enclosed Articles of Amendmen	at and fee(s) are submitted for fili	ng.	
Please return all correspondence cor	cerning this matter to the following	.ng:	
	Ryan B	rvageman	
<u></u>	Physical Cul	duce UC	
	12722 Sturkey	Iress	
<del></del>	$\bigcap$ .	33113 nd Zip Code	the service of the services
	E-mail address: (to be used for t	CalCulty (Cycy) (future annual report hour fication	(0 M)
For further information concerning t	his matter, please call:		
Ryan Bruggema Name of Person	at (at (	127) 560 - 67 ca Code Daytime Telep	70 Ohone Number
Enclosed is a check for the following	g amount:		
	tificate of Status Certifi	Filing Fee & ied 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparing document number \(\bigcup_{\(\limits_000\\05\\05\\05\\\\\\\\\\\\\\\\\\\\\\\	any were filed on $\frac{5 3 20}{6}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12722 Starkey Pd.
(Principal office address MUST BE A STREET ADDRESS	1 Largo, FL 33773
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16 OCT 28
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	office address on our records, enter the name of the new here:
Name of New Registered Agent:	Ryan Bruggeman
New Registered Office Address: 12	722 Sturkey Pd Enter Florida street address
	City , Florida FL 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 **Title** Name <u>Address</u> **Type of Action** Ryan Braggeman □ Add MGR 9328 120th Ave N Largo, FL 33773 □ Remove ☐ Change Sylvia Muzquiz 9328 120th Ave N AMRR Largo, FL 33773 ☐ Remove ☐ Change Michael Wille 13560 Feather Sound circle AMBR Clearacter, FL 33762 Remove ☐ Change OINTSION OF CUST OF A ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	DIVISION OF COMPUTATIONS	3 1
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(If an effecti Note: If	e date, if other than the date of filing: \( \sum_{Q} \) \( \sum_{Q} \) \( \sum_{Q} \) \( \text{(optional)} \) ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be to seffective date on the Department of State's records.	o 605.0207 (3) e listed as the
the recor ) The 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e Oth day after the record is filed.	arlier of:
Dated	October 21, 2016.	
	Signature of a reember or authorized representative of a member	_
	Russ Brasenson	

Page 3 of 3

Filing Fee: \$25.00