

L16000143328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

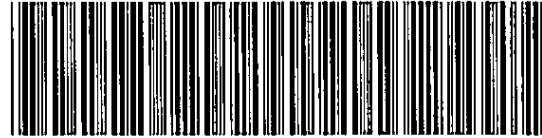
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2021 OCT 28 PM 3:55  
SECRET

## COVER LETTER

TO: Registration Section  
Division of Corporations  
RCS Oakleaf, LLC

SUBJECT: \_\_\_\_\_  
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:

Jaime McPhilomy

\_\_\_\_\_  
Name of Person

RCS Oakleaf, LLC

\_\_\_\_\_  
Firm/Company

9610 Applecross Rd STE 102

\_\_\_\_\_  
Address

Jacksonville, Florida 32222

\_\_\_\_\_  
City/State and Zip Code

jmcphilomy@orangetheoryfitness.com

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

For further information concerning this matter, please call:

Jaime McPhilomy

904 626-6227

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

2021 OCT 28 PM 3: 55

RCS Oakleaf, 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 04/30/2021 8/3/16 and assigned  
Florida document number L16000143328.

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)**

9610 Applecross Rd STE 102

Jacksonville, FL 32222

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

9610 Applecross Rd STE 102

Jacksonville, FL 32222

**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:

Jaime McPhilomy

New Registered Office Address:

10797 Stanton Hills DR E

Enter Florida street address

Jacksonville

City

Florida

32222

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>
AMBR	Stephen Hixon	4660 Algonquin Ave	<input type="checkbox"/> Add
		Jacksonville, FL 32210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jaime McPhilomy	10797 Stanton Hills Dr E	<input checked="" type="checkbox"/> Add
		Jacksonville , FL 32222	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert Santa Lucia	3764 Cardinal Oaks Circle	<input checked="" type="checkbox"/> Add
		Orange Park , FL 32065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stacey Mcphilomy	10797 Stanton Hills Dr E	<input checked="" type="checkbox"/> Add
		Jacksonville , FL 32222	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kimberly Santa Lucia	3764 Cardinal Oaks Circle	<input checked="" type="checkbox"/> Add
		Orange Park, FL 32065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**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 October 25, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee