

E/6000/67726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

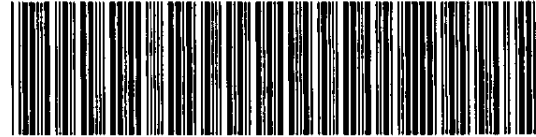
(Document Number)

Certified Copies _____ Certificates of Status _____

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18 FEB 26 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
FEB 27 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2018

TRAVIS BOERSMA
2585 LYNWOOD PLACE
MERRITT ISLAND, FL 32953

SUBJECT: TRAVIS BOERSMA DPT, LLC
Ref. Number: L16000167726

We have received your document for TRAVIS BOERSMA DPT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 718A00002262

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Travis Boersma DPT, 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:

Travis Boersma

Name of Person

Travis Boersma DPT, LLC

Firm/Company

2585 Lynwood Place

Address

Merritt Island, FL, 32953

City/State and Zip Code

FunctionallyLimitless@gmail.com

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

For further information concerning this matter, please call:

Travis Boersma

954

325-9395

Name of Person

at ()

Area Code

Daytime Telephone Number

RECEIVED

FEB 26 2018

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

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

Travis Boersma DPT, 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 January 30, 2018 and assigned
Florida document number L16000167726.

This amendment is submitted to amend the following:

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

Functionally Limitless, LLC

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:

2585 Lynwood Place

(Principal office address MUST BE A STREET ADDRESS)

Merritt Island, FL, 32953

Enter new mailing address, if applicable:

2585 Lynwood Place

(Mailing address MAY BE A POST OFFICE BOX)

Merritt Island, FL, 32953

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:

Travis Boersma

New Registered Office Address:

2585 Lynwood Place
Enter Florida street address

Merritt Island
City

Florida

32953
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	Travis Boersma	2585 Lynwood Place	<input checked="" type="checkbox"/> Add
		Merritt Island, FL, 32953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brandon Davey	2990 Manitoba Lane	<input checked="" type="checkbox"/> Add
		Melbourne, FL, 32935	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED
FEB 26 2018
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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Filing Fee: \$25.00