

L16000203908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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A. RIVERS

DEC 27 2022

2022 OCT -5 AM 8:18  
CLERK OF STATE  
END

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SoFit Strength & Conditioning 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:

Ariel Mercado

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

SoFit Athletics

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

8535 Baymeadows Rd #57

\_\_\_\_\_  
Address

Jacksonville, FL 32256

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

hello@sofitathletics.com

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

For further information concerning this matter, please call:

Ariel Mercado

904 294-5965  
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 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**

SoFit Strength & Conditioning 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 November 7, 2016 and assigned Florida document number 116000203908.

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)**

8535 Baymeadows Rd. #57

Jacksonville, FL 32256

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

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

8535 Baymeadows Rd. #57

Jacksonville, FL 32256

**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:

Ariel Mercado

New Registered Office Address:

8535 Baymeadows Rd #57

*Enter Florida street address*

Jacksonville

*City*

Florida 32256

*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**

2022 OCT 11 AM 8:38  
OF STT  
ID

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>
CEO	Ryan Graveline	15005 Bulow Creek Dr.	<input type="checkbox"/> Add
		Jacksonville, FL 32258	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Julie Graveline	15005 Bulow Creek Dr.	<input type="checkbox"/> Add
		Jacksonville, FL 32258	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Juan Romero	12952 Spring Rain Rd.	<input type="checkbox"/> Add
		Jacksonville, FL 32258	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	Ruben Valentin	3031 Rex Dr.	<input type="checkbox"/> Add
		Jacksonville, FL 32216	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Ariel Mercado	8452 Grayling Dr. S	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Leslie Carpio	8452 Grayling Dr. S	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Juan Romero and Ruben Valentin to remain in records with no changes. Added in the event all members needed to reflect in the amendment.

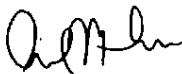
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 October 3 2022



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Ariel Mercado

\_\_\_\_\_  
Typed or printed name of signee