L16000207951

(Re	questor's Name)	
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PICK-UP		MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations

Riverside Fitness of Oviedo 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:

Wayne Vandemerwe

Name of Person

Riverside Fitness of Oviedo, LLC

Firm/Company

10 Fairway Circle

Address

New Smyrna Beach, Florida 32168

City/State and Zip Code

WayneVandem@gmail.com

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

For further information concerning this matter, please call:

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) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

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Riverside Fitness of Oviedo LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recor Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000207951</u>	were filed on <u>November 14, 2</u>	016 and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Vandemerwe, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10 Fairway Circle	· ·
Principal office address MUST BE <u>A STREET ADDRESS</u>	New Smyrna Beach, Florida	32168
Enter new mailing address, if applicable:	10 Fairway Circle	
Mailing address MAY BE A POST OFFICE BOX)	New Smyrna Beach, Florida 32168	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: <u>Name of New Registered Agent</u> :	address on our records, <u>ente</u>	r the name of the new registe
New Registered Office Address:	Enter Florida street addre	
	, P	Norida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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	Address	Type of Action
MGR	Wayne Vandemerwe	10 Fairway Circle	🗆 Add
		New Smyrna Beach, Florida 32168	
			■ Change
			🖸 Add
			□Remove
			Change
			<u> </u>
			🗆 Remove
			Change
			🗆 Add
		<u></u>	Remove
			Change
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			🗆 Remove
			Change
			[]Add
		🗆 Remove	
			Change

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

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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 1 123	
Signature of a member or authorized representative of a mem	ber
Wayne Vandemerwe	

Typed or printed name of signee

Filing Fee: \$25.00