

*LI6000220116*

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

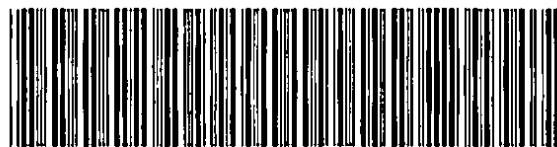
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2019 JUN 25 P 11 09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**IRA R. SHAPIRO, P.A.**

ATTORNEYS AND COUNSELORS AT LAW  
BAYLEE EXECUTIVE CENTER • SUITE 225  
16375 NORTHEAST 18<sup>TH</sup> AVENUE  
NORTH MIAMI BEACH, FLORIDA 33162

**IRA R. SHAPIRO**  
**BAYLEE L. SHENBAUM**

DADE: (305) 944-3936  
BROWARD: (954) 763-5801  
FACSIMILE: (305) 944-3345  
EMAIL: [office@irarshapiro.com](mailto:office@irarshapiro.com)

July 24, 2019

**VIA FEDEX 775825732420**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Fitness Elite, LLC  
Articles of Amendment

To Whom It May Concern:

Please find enclosed an Articles of Amendment to Articles of Organization for Fitness Elite, LLC, a Florida limited liability company. Also enclosed is my check in the amount of \$25.00 for the filing fee.

Sincerely,



IRA R. SHAPIRO

IRS/gg  
Encl.  
scorp fitness72419 1

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Fitness Elite, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRA R. SHAPIRO

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

IRA R. SHAPIRO, P.A.

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

16375 NE 18th Avenue, Suite 225

\_\_\_\_\_  
Address

North Miami Beach, FL 33162

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

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

For further information concerning this matter, please call:

Ira R. Shapiro

305

944-3936

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2601 Executive Center Circle  
Tallahassee, FL 32301

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

**FILED**

Fitness Elite, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2010 JUL 25 P 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on December 5, 2016  
Florida document number L15000220166

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:**

7820 Hawthorne Avenue

**(Principal office address MUST BE A STREET ADDRESS)**

Miami Beach, FL 33141

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

7820 Hawthorne Avenue

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

Miami Beach, FL 33141

**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:

Ira R. Shapiro

New Registered Office Address:

16375 NE 18th Avenue, Suite 225

*Enter Florida street address*

North Miami Beach

*City*

Florida 33162

*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	Benjamin Masters	7820 Hawthorne Avenue	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
OWR	Mohey Elsayed	3340 NE 190 Street, #1105	<input type="checkbox"/> Add
		Aventura, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mohey Elsayed	3340 NE 190 Street, 1105	<input checked="" type="checkbox"/> Add
		Aventura, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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)

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.

7-24-2019

2019

Signature of a member of authorized representative

Signature of a member or authorized representative of a member

MOHEY ELSAYED

Typed or printed name of signee