

L170000014789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

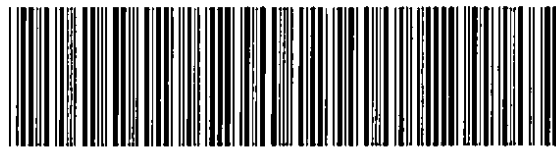
(Document Number)

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CLERK OF COURT  
DIVISION OF COURT REPORTING

R. HUNT

10/26/23

# COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: GGSL, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Matt Rismiller

Name of Person

GGSL, LLC

Firm/Company

6726 Curran Street, 2nd Floor

Address

McLean, VA 22101

City/State and Zip Code

matt.r@fitnesscf.com

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

or further information concerning this matter, please call:

Matt Rismiller

Name of Person

at (407)

Area Code

929-3108

Daytime Telephone Number

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OFFICE OF THE  
CLERK OF THE  
SUPREME COURT

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**

GGSL, 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 1/18/2017 and assigned  
Florida document number L17000014789.

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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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:

Matt Rismiller

New Registered Office Address:

3880 E Osceola Rd

Enter Florida street address

Geneva

City

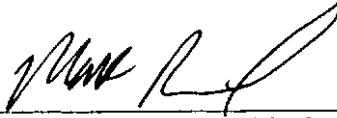
Florida

32732

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

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amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:

GR = Manager  
AMBR = Authorized Member

<u>title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
UGR	Gurnsey, David	236 Ruby Lake Lane	<input type="checkbox"/> Add
		Winter Haven, FL 33884	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bossung, Brett	28 West 69 <sup>th</sup> Street	<input type="checkbox"/> Add
		Apt 6A	<input type="checkbox"/> Remove
		New York, NY 10023	<input type="checkbox"/> Change
AMBR	Risomiller, Matt	3880 E Osceola Rd	<input checked="" type="checkbox"/> Add
		Geneva, FL 32732	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Byington, Ross	6726 Curran Street	<input checked="" type="checkbox"/> Add
		2nd Floor	<input type="checkbox"/> Remove
		McLean, VA 22101	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF CORRECTIONS  
STATE OF FLORIDA

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**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 10, 2023

*Mark R. J.*  
Signature of a member of authorized personnel

Signature of a member or authorized representative of a member

Matt Ris Miller

Typed or printed name of signee

**Filing Fee: \$25.00**