

L17000031732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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MAR 03 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEAK PERFORMANCE CRYOTHERAPY, 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:

KELLY NEISLER

Name of Person

DUNCAN NEISLER, PA

Firm/Company

6032 FARCENDA PLACE, SUITE 101

Address

MELBOURNE, FLORIDA 32940

City/State and Zip Code

kduncanpa@gmail.com

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

For further information concerning this matter, please call:

Kelly Neisler

321 567-7049
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

PEAK PERFORMANCE CRYOTHERAPY, 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 February 8, 2017 and assigned
Florida document number L17000031732.

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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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TREASURY OF
FLORIDA

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	JOHN BOONE	3800 W. EAU GALLIE BLVD. S1	<input type="checkbox"/> Add
		MELBURNE, FL. 32934	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	WALTER SKALASKI, JR.	3785 ARIA DRIVE	<input type="checkbox"/> Add
		MELBOURNE, FL. 32904	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	AMANDA BARNES	4071 MASIRA CT.	<input type="checkbox"/> Add
		MELBOURNE, FL. 32904	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	NANCY J. SKALASKI	3728 ARIA DRIVE	<input type="checkbox"/> Add
		MELBOURNE, FL. 32904	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
NANCY			<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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 TALLAHASSEE, 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 FEBRUARY 28, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

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