

217000051377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

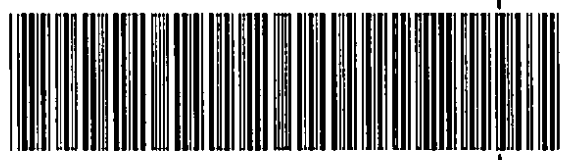
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100305134681

11/02/17--01018--007 **25.00

17 NOV -2 AM 7:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRET

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PURLIFE FITNESS 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:

TRAVIS D TOMKO

Name of Person

PURLIFE FITNESS

Firm/Company

45 NE 2ND AVE

Address

DELRAY BEACH, FLORIDA 33444

City/State and Zip Code

TRAVIS.T@PURLIFEDEL.RAY.COM

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

For further information concerning this matter, please call:

TRAVIS D TOMKO

305 609-1495

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
2661 Executive Center Circle
Tallahassee, FL 32301

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

PURLIFE FITNESS 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 03/06/2017 and assigned
Florida document number L17000051377.

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)

9 PLAZA REAL SOUTH SUITE # 111

BOCA RATON, FLORIDA 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9 PLAZA REAL SOUTH SUITE # 111

BOCA RATON, FLORIDA 33432

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

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

17-NOV-2 AM 7:16
SECRETARY OF STATE
TALLAHASSEE, 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 | PURLIFE FITNESS GROWTH PARTNERS LLC | 45 NE 2ND AVE | <input checked="" type="checkbox"/> Add |
| | | DELRAY BEACH, FL 33444 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | TRAVIS D TOMKO | 45 NE 2ND AVE | <input type="checkbox"/> Add |
| | | DELRAY BEACH, FL 33444 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | TORREN J SZULUK | 45 NE 2ND AVE | <input type="checkbox"/> Add |
| | | DELRAY BEACH, FL 33444 | <input checked="" type="checkbox"/> Remove |
| | | | <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 |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

17 NOV -2 AM 73
SECRETARY OF STATE
WILLIAMSSSEI FLD

17 NOV -2 AM 7:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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.

Dated OCTOBER 31st, 2017

TRAVIS D TOMKO

Filing Fee: \$25.00