117000067182

| (Company) |
|---|
| (Requestor's Name) |
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Dusings Edwards |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Consider Instructions to Filiag Officer |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | | |
|--------------------------------------|---|---|--|---------------|
| Land O' Lo | akes Family Fitness LLC | | | |
| SUBJECT: | Name of Lim | nited Liability Company | | |
| The enclosed Articles of | f Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | Theresa Mejillones | | | |
| | | Name of Person | | |
| | Small Business Aides, LL | С | | |
| | | Firm/Company | | |
| | 7612 Four Pines Rd | | | |
| | | Address | | |
| | Plant City, Florida 33565 | | | |
| | , | City/State and Zip Code | | |
| | terri@newmilacetg.com | | | ్లు |
| For further information of | E-mail address: (concerning this matter, please c | to be used for future annual report notificall: | PECHE IN A PECH IN A PEC | |
| Theresa Mejillones | | 813 778-1070 | SSEE | |
| Name of Enclosed is a check for t | of Person the following amount: | Area Code Daytime | S IATE L ORID | р О |
| ■ \$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 \$ta Certified Copy (additional copy is er | itus & |

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

| Land O' Lakes Family Fitness LLC | | |
|---|---|---------------------------------------|
| (<u>Name of the Limited Liabil</u> (A Florid | ity Company as it now appears on our a Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Liability (| Company were filed on March 23. | 2017 and assigned |
| Florida document number L17000067182 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designation | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | RESS) | |
| | | 2011 ລະ. ALL |
| | | AHA JUN T |
| Enter new mailing address, if applicable: | | ASS |
| (Mailing address MAY BE A POST OFFICE BOX) | · | ma m |
| | | 70 |
| | | 2> |
| B. If amending the registered agent and/or regis | stered office address on our r | ecords, enter the dame of the ne |
| registered agent and/or the new registered office add | | The same of the second |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stree | t 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

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> | Name | Address | Type of Action |
|--------------|--------------|------------------------|---------------------|
| VP | KURT GIBSON | 7206 AMERICUS LANE | |
| | | LAND O LAKES, FL 34637 | ■ Remove |
| | | ***- | ☐ Change |
| VP | JESSE BARBER | 24010 STARLING CIRCLE | = Add |
| | | LAND O LAKES, FL 34639 | Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
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| _ | | | □ Remove |
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| i effective <u>te:</u> If the | ate, if other to date is listed, the date inserted effective date | e date must in this blo | be specific as ck does not | nd cannot i | applicabl | date of filing e statutory | or more than filing requir | 90 days aft | tional) er filine |) Pursusu | nt to 605,02 t be listed : |
| ne 90ti | specifies a h day after | the reco | rd is filed | ١. | | | | | a.m. | on the | earlier (|
| ed | 6/1 | <u>}</u> | | <u>, Zo</u> , / | <u> </u> | | , | | | | |
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Filing Fee: \$25.00