

L17000092834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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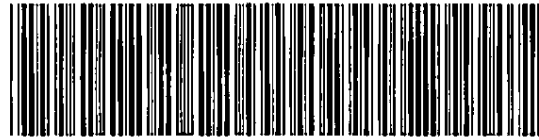
(Business Entity Name)

(Document Number)

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T GLASS

JUN 24 2019

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SWFL Fitness 2, 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:

Peter Amato

Name of Person

Easy Mile Fitness, LLC

Firm/Company

501 Boylston Street, Floor 10

Address

Boston, MA 02116

City/State and Zip Code

peter@amato-ventures.com

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

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For further information concerning this matter, please call:

Peter Amato

802

291-0800

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**

SWFL Fitness 2, 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 4/26/2017 and assigned
Florida document number L17000092834.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Easy Mile Cleveland, LLC

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)

3853 Cleveland Ave.

Fort Myers, FL 33901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

501 Boylston Street

Floor 10

Boston, MA 02116

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:

Roger Amato

New Registered Office Address:

433 Alhambra Road

Enter Florida street address

Venice

City

Florida 34285

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	KRISTAN GLIDDEN		<input type="checkbox"/> Add
		18011 South Tamiami Trail, Unit 24, Fort Myers, FL 33908	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Peter Amato	210 West Canton Street, Apt. 1, Boston, MA 02116	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Philip Amato	271 Dartmouth Street Apt. 4i Boston, MA 02116	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Roger Amato	433 Alhambra Road, Venice, FL 34285	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Debra Amato	433 Alhambra Road, Venice, FL 34285	<input checked="" 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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NORTH DARIEN, FL

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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 May 30th 2019

Signature of a member or authorized representative of a member

Peter Amato

Typed or printed name of signee