L17000102960

| (Requestor's Name) | |
|---|----------|
| (Address) | |
| (Address) | <u>.</u> |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MA | AIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status _ | |
| Special Instructions to Filling Officer: | |
| | |
| | |
| | |

Office Use Only



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DIVISION OF CORPORATIONS

O STIVITIONS JUN 2 8 2017

COVER LETTER

| TO: Registration So Division of Cor | | | |
|--|---|---|--|
| SUBJECT: Rev | Vision Fitr | 1055 LLC. | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspondence | ondence concerning this matter | to the following: | |
| | <u>Jason</u> | Sphouse Name of Person | |
| | Rev | Sion Fitnes | 5 |
| | 2603616 | enwood DR. | · |
| | Edgewate | FL 32141 City/State and Zip Code | |
| | JASON Spra E-mail addless: (| to be used for future annual report notif | Lom ication) |
| For further information c | concerning this matter, please ca | | |
| Jason E | Person | at (<u>386</u>) <u>680</u> Area Code Daytime | 1 - 3694 Telephone Number |
| Enclosed is a check for t | he 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

Revision 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 5-12-2017 and assigned |
|--|--|
| Florida document number CP 575 6 | · |
| This amendment is submitted to amend the following: | _ |
| A. If amending name, enter the new name of the li | mited liability company here: |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the designation "LLC" or the abbreviation "LLC." |
| Enter new principal offices address, if applicable: | T T T T T T T T T T T T T T T T T T T |
| (Principal office address MUST BE A STREET ADI | DRESS) |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or regregistered agent and/or the new registered office ac Name of New Registered Agent: | gistered office address on our records, enter the name of the new ddress here: |
| | |
| New Registered Office Address: | Enter Florida Area address |
| | , Florida |
| | Cuy Zip Code |
| New Registered Agent's Signature, if changing Register | red Agent: |
| provisions of all statutes relative to the proper and accept the obligations of my position as registered | nt and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited liability e. |
| | 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 Title Name <u>Address</u> **Type of Action** 2603 Genuard PR DAdd Edgewater, FL 32141 Remo Change □ Add _□ Remove ☐ Change ___Xda □ Xda ☐ Remove □ Change _□ Add □ Remove ☐ Change \square Add □ Remove

Change

| Only amending Title - Never put | - |
|--|-------------|
| one originally - of only person in the LLC (myself) to owner | - |
| Please Call me when change is updated to see on sunbig | - - - |
| ~Ja50n (386)689-3694 | - - |
| DIVISION OF S | FIL |
| E. Effective date, if other than the date of filing: immediately (optional) | EO |
| (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 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. | ted as the |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl (b) The 90th day after the record is filed. Dated June 20 th 2017. | er or: |
| Signature of a member or authorized representative of a member Signature of a member of a member of Signature of a member of Signature | |

Page 3 of 3

Filing Fee: \$25.00