

L17000107436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

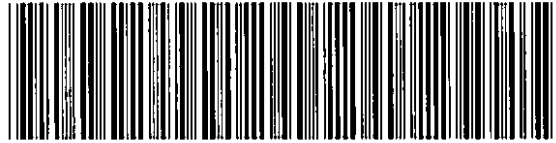
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



500380235735

FILED

2022 FEB 11 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

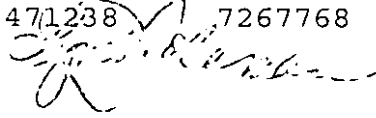
2022 FEB 11 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Almend

FEB 16 2022
JALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 471238 7267768
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : February 11, 2022
ORDER TIME : 2:16 PM
ORDER NO. : 471238-005
CUSTOMER NO: 7267768

DOMESTIC AMENDMENT FILING

NAME: AMERICAN FITNESS PROFESSIONALS
& ASSOCIATES LLC

EFFECTIVE DATE:

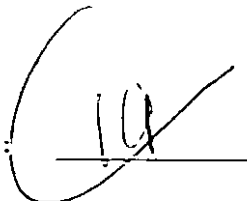
XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:





FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2022

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: AMERICAN FITNESS PROFESSIONALS & ASSOCIATES LLC
Ref. Number: L17000107436

We have received your document for AMERICAN FITNESS PROFESSIONALS & ASSOCIATES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Amendment is contradicting. Is Amy Occhipinti going to be added or removed as a Manager? One section states to remove, the other section states that she is the Manager. Please advise.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 622A00003553

RECEIVED
2022 FEB 15 PM 12:05
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN FITNESS PROFESSIONALS & ASSOCIATES 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:

Mark Occhipinti

Name of Person

AMERICAN FITNESS PROFESSIONALS & ASSOCIATES LLC

Firm/Company

14002 Royal Pointe Dr.

Address

Port Charlotte, FL 33953

City/State and Zip Code

afpa@afpafitness.com

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

For further information concerning this matter, please call:

Joseph Mignone

646 414-6792
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

AMERICAN FITNESS PROFESSIONALS & ASSOCIATES 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 May 16, 2017 and assigned
Florida document number L17000107436.

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

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	Amy Louise Occhipinti	14002 Royal Pointe Dr	<input type="checkbox"/> Add
		Port Charlotte, FL 33953	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Remove Article IV. Transferability of Membership Interests

No members shall have the right to assign their membership interests in the Company without the written agreement of all of the membership interests, unless otherwise provided in the Company's Operating Agreement.

If the assignment is not approved by all of the membership interests, the assignee shall have no right to become a member, to participate in the management of the Company, or to exercise any other rights or powers of a member

The assignee shall merely be entitled to receive the share the share of profits and other distributions and the allocation of income, gain, loss deduction, credit or similar item to which the assignor was entitled, to the extent assigned.

Remove Article VI. Management

This will be a manager-managed company.

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 11, 2022



Signature of a member or authorized representative of a member

Mark Occhipinti

Typed or printed name of signee

Filing Fee: \$25.00

Doc ID: ce84f27a2692170b410a6dcee15d2c5637f52403