

3/29/22, 4:39 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L17000107436

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To:

Division of Corporations
 Fax Number : (850)617-6383

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 Phone : (954)208-0845
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 AMERICAN FITNESS PROFESSIONALS & ASSOCIATES LLC**

Certificate of Status	0
Certified Copy	1
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2022 MAR 29 AM 8:06

2022 MAR 29 PM 3:26

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Electronic Filing Menu

Corporate Filing Menu

Help

**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 05/16/2017 and assigned
Florida document number 117000107436

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)

201 N. King of Prussia Rd Suite 370
Radnor PA 19087

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

201 N. King of Prussia Rd Suite 370
Radnor PA 19087

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:

CT Corporation System

New Registered Office Address:

1200 South Pine Island Rd

Enter Florida street address

Plantation

Florida

33324

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

Jessica Hale

Jessica Hale, Asst. Secretary

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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>
<u>CFO</u>	<u>Stephen Johnson</u>	<u>201 N King of Prussia Rd</u>	☒ Add
		<u>Suite 370</u>	☐ Remove
		<u>Radnor PA 19087</u>	☐ Change
<u>CEO</u>	<u>Eric Cantor</u>		☒ Add
			☐ Remove
			☐ Change
<u>COO</u>	<u>Matt Bricker</u>		☒ Add
			☐ Remove
			☐ Change
<u>Owner</u>	<u>Mark Occhipanti</u>	<u>14002 Royal Pointe Dr</u>	☐ Add
		<u>Port Charlotte FL</u>	☒ Remove
		<u>33953</u>	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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 605.0267(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

3/25/22



Signature of a member or authorized representative of a member

Lynn Derman

Typed or printed name of signee

Filing Fee: \$25.00