

L1700011118

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17 NOV 17 AM 11:16

FILED
SECRETARY OF STATE
FALL RIVER, MASSACHUSETTS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legendary Fitness & Nutrition 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:

Adrian Veselinovic

Name of Person

Firm/Company

5511 90th Ave N

Address

Pinellas Park, FL, 33782

City/State and Zip Code

legendaryfitnesshlf@gmail.com

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

For further information concerning this matter, please call:

Adrian Veselinovic

Name of Person

at (727) 244-9535

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

Legendary Fitness & Nutrition LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/19/2017 and assigned

Florida document number L17000111118

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:

Adrian Veselinovic

New Registered Office Address:

5511 90th Ave N

Enter Florida street address

Pineellas Park

City

Florida

33782

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.

[Signature]
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>
<u>MGR</u>	<u>William Leimbach</u>	<u>14330 58th St. N.</u>	<input checked="" type="checkbox"/> Add
		<u>#1205</u>	<input type="checkbox"/> Remove
		<u>Clearwater, FL, 33776</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Stephanie Virden</u> <u>(Virden)</u>	<u>14330 58th St. N.</u>	<input checked="" type="checkbox"/> Add
		<u>#1205</u>	<input type="checkbox"/> Remove
		<u>Clearwater, FL, 33760</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Mark Sawyer</u>	<u>8494 Egret Ln</u>	<input type="checkbox"/> Add
		<u>Seminole, FL, 33776</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Lucina Sawyer</u>	<u>8494 Egret Ln</u>	<input type="checkbox"/> Add
		<u>Seminole, FL, 33776</u>	<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
			<input type="checkbox"/> Change

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)

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 October 31st 1. 2017

Signature of a member or authorized representative of a member

Adrian Veselinovic

Typed or printed name of signee