## 117000 156145

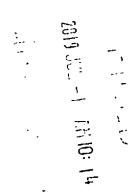
(Requestor's Name)
(Address)
(Äddress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900331075269

08/28/19--01004--022 \*\*35.(



Amend

JUL 02 2019
I ALBRITTON

## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations
SUBJECT: VESSIE James Fitness, 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:
Jessica Epps Name of Person
Jessie James Fitness, LLC
1279 S. Orlando AVC # 3A
Combench Fl, 3293) City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (33), 795-6934  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy Certified Copy  (additional copy is enclosed) Certified Copy
\$35 enclosed as requestrated for
MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section Registration Section  Division of Corporations Division of Corporations  DO No. 4337
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301



June 12, 2019

JESSICA EPPS 1279 S. ORLANDO AVE #3A COCOA BEACH, FL 32931

SUBJECT: JESSIE JAMES FITNESS, LLC

Ref. Number: L17000156145

We have received your document for JESSIE JAMES FITNESS, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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

Letter Number: 419A00011787

Irene Albritton Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 <u>JULY A1, A01</u> and assigned Florida document number <u>L17000156145</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:    CSCO EDDS FITH (SS   LC     The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."    Enter new principal offices address, if applicable:   (Principal office address MUST BE A STREET ADDRESS)     COLO PROFITE   SQUEET ADDRESS     COLO PROFITE   SQUEET   SQUEET   SQUEET     COLO PROFITE   SQUEET   SQUEET
(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 registered agent and/or the new registered office address here:    Name of New Registered Agent:   CSSICA EPPS   COMPANION   New Registered Office Address:   COMPANION   New Registered Office Address:   Companion   Companio
Enter Florida street address
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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

Page 1 of 3

MGR = Manager AMBR = Authorized Member Type of Acti <u>Title</u> Name <u>Address</u> ssica James <u>S.orlando</u> Ave □ Add loid last name ☐ Change \_**ix∕**Add (new married last name) ☐ Remove ☐ Remove Change □ Add □ Remove Change □ Add □ Remove Change  $\square$   $\land$ dd ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being

or removed from our records:

	<del></del>
(If an e <u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier $\epsilon$ 90th day after the record is filed.
Date	June 25 2019.
	Character 4pp
	// Signature of a member or authorized representative of a member
	Typed or printed name of signific

Page 3 of 3

Filing Fee: \$25.00