L17000250930

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Section Division of Corporations	
	Pinellas Complete Fitness LLC	
SUBJ	T:Name of Limited Liability Company	
	osed Articles of Amendment and fee(s) are submitted for filing.	
Please	turn all correspondence concerning this matter to the following:	
	Lynnsey Terepka	
	Name of Person	
	Firm/Company	
	1720 Harbor Cir E	
	Address	
	Largo, Fl 33770	
	City/State and Zip Code pinellascompletefitness@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For fu	er information concerning this matter, please call:	
L	Name of Person at (727) 439-1402 Name of Person Area Code Daytime Telephone Number	
Enclo	is a check for the following amount:	
■ \$2	00 Filing Fee \$\square\$ \$30.00 Filing Fee & \$\square\$ Certificate of Status \$\square\$ Certified Copy (additional copy is enclosed) \$\square\$ Certified Copy (additional copy)	Status & oy

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

Pinellas Complete Fitness LLC		
(Same of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records iability Company)	<u>,) </u>
The Articles of Organization for this Limited Liability Company of Clorida document number L17000250930	were filed on 12/7/17	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)		
		<u> </u>
Enter new mailing address, if applicable:		DEC 15
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered of registered agent and/or the new registered office address here 		s, enter the name of the r
Name of New Registered Agent:		 -
New Registered Office Address:	Enter Florida street addres	5
	Fla	orida
	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.

Changing Registered Agent. Signature of New Registered Agent

Page 1 of 3

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>	Name	Address	Type of Action
AR	Lynnsey Terepka	1720 Harbor Cir E	 ∆ dd
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ne rec The	cord specifies a dela 90th day after the	yed effective or record is filed.	date, but not	an effective	time, at 12:01	a.m. on the	earli	er of:
Dated _.	December 8		2017					
			· ,———	-·				

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Typed or printed name of signee

Filing Fee: \$25.00