

L150000 25425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

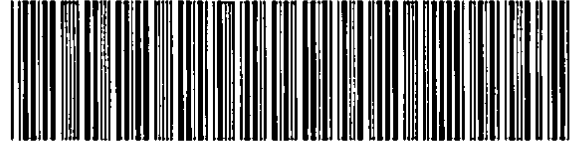
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300308740823

02/09/18--01018--022 +*25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 FEB 5 PM 7:12

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNCOAST FUNCTIONAL 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:

CHRISTOPHER DAVIS

Name of Person

SUNCOAST FUNCTIONAL FITNESS LLC

Firm/Company

5322 SADDLEWOOD TERRACE

Address

PARRISH, FLORIDA 34219

City/State and Zip Code

FIREFIGHTER8232002@GMAIL.COM

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

For further information concerning this matter, please call:

CHRISTOPHER DAVIS

941
at ()

526-6255

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Page 1 of 3

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
18 FEB - 9 PM 7:12

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	CHRISTOPHER DAVIS	5322 SADDLEWOOD TERRACE	<input checked="" type="checkbox"/> Add
		PARRISH, FL 34219	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AMY DAVIS	5322 SADDLEWOOD TERRACE	<input checked="" type="checkbox"/> Add
		PARRISH, FL 34219	<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 FEB 5 PM 7:12

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

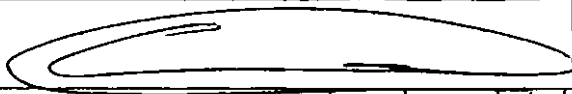
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 6TH, 2018



Signature of a member or authorized representative of a member

CHRISTOPHER DAVIS

Typed or printed name of signee