

18000072771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

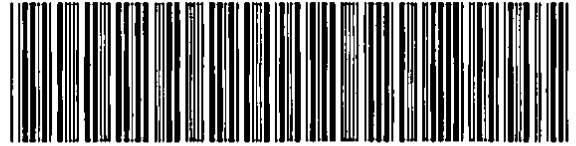
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Rt must sign 611

Office Use Only



500330599375

06/18/19--01019--005 **30.00

FILED
STATE DEPT OF STATE
DIVISION OF CORPORATIONS
19 JUL 12 PM 12:09

Amend

JUL 17 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FITFACTORY772.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:

ANDREW HUGHES
Name of Person

APA INVESTMENT CORP
Firm/Company

661 BACON TER
Address

PORT ST. LUCIE, FL 34953
City/State and Zip Code

ANDREW@APAINVESTMENTCORP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW HUGHES at 772 521-3489
Name of Person 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

19 JUL 12 PM 12:09

RECEIVED
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2019

ANDREW HUGHES
APA INVESTMENT CORP
661 BACON TER
PORT ST LUCIE, FL 34953

SUBJECT: FITFACTORY772 LLC
Ref. Number: L18000072771

We have received your document for FITFACTORY772 LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Diane Cushing
Senior Section Administrator

Letter Number: 619A00013454

mc. 7/12/19

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FIT FACTORY 772 LLC

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

FILED
DIVISION OF CORPORATIONS
19 JUL 12 PM 12:09

The Articles of Organization for this Limited Liability Company were filed on 3/21/18 and assigned
Florida document number 61800022771.

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)

661 BAXON TERRACE

PORT ST LUCIE, FL 34953

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:

APA INVESTMENT CORP

New Registered Office Address:

661 BAXON TERRACE

Enter Florida street address

PORT ST. LUCIE

City

Florida 34953

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

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>APA INVESTMENT CORP</u>	<u>661 BAYON TER</u>	<input checked="" type="checkbox"/> Add
		<u>PORT ST. LUCIE, FL 34953</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>TEREY BERRIOS</u>	<u>309 HURON TER</u>	<input type="checkbox"/> Add
		<u>PORT ST. LUCIE, FL 34953</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>ROQUE BERRIOS</u>	<u>309 HURON TER</u>	<input type="checkbox"/> Add
		<u>PORT ST. LUCIE, FL 34953</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>SOFIA HUGHES</u>	<u>661 BAYON TER</u>	<input checked="" type="checkbox"/> Add
		<u>PORT ST. LUCIE, FL 34953</u>	<input type="checkbox"/> Remove
		<u>10671 SW WESTLAWN BLVD</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>SARAH GILES</u>	<u>PORT ST. LUCIE, FL 34987</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

7/9/19

Raque M Berrios

Signature of a member or authorized representative of a member

Raque M Bernies

Typed or printed name of signee