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COVER LETTER

TO:	Registration Se Division of Cor		•	•
	TSR LLC			
SUBJ	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Jade Garcia		
			Name of Person	
		TSR LLC		
			Firm/Company	<u>.</u>
		13427 SW 131 Street		
			Address	
		Miami, Fl. 33186		
		jade.garcia@imterossfit.co	City/State and Zip Code	/
		E-mail address: (to be used for future annual repo	rt notification)
For fu	rther information c	oncerning this matter, please c	all:	
Crys	tal Umpierre		305 218-1	636
	Name o	of Person	at () Area Code E	Daytime Telephone Number
Enclo	sed is a check for th	he following amount:		
■ \$2	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

TO ARTICLES OF ORGANIZATION OF

TSR LLC			
(Name of the Limit	ted Liability Company as it now a (A Florida Limited Liability Compa	opears on our records.) any)	
The Articles of Organization for this Limited L Florida document number	iability Company were filed of	April 4, 2018	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability compar	<u>ıy here</u> :	
The new name must be distinguishable and contain the v	words "Limited Liability Company,"	the designation "L1.C" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	ET ADDRESS)		253 Me.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		AM 11:05
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		s on our records, <u>ent</u>	er the name of the new
Niver Davids and Office Address.	13427 SW 131 Street		
New Registered Office Address:	Ente	r Florida street address	
	Miami	. Florida	33186
	City	, FIORIGA	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.

Jada Jarcia
If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
MGR	Jade Garcia	÷	13427 SW 131 Street, Miami, FL 33186	= Add
				□ Remove
				☐ Change
MGR	Javier Suarez		13427 SW 131 Street, Miami, FL 33186	■ Add
				☐ Remove
				☐ Change
P. D	Michael Alfaro		13427 SW 131 Street, Miami, FL 33186	□ Add
				■ Remove
				Change
				
				Remove
			,	Change
				Add
				☐ Remove
				Change
				□ Add
				☐ Remove
				Change

	
	
	
J	
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	June 21, 2019
fective date, if other than	he date of filing: (optional)
an effective date is listed, the date ofte: If the date inserted in the	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 is block does not meet the applicable statutory filing requirements, this date will not be listed as a Department of State's records.
record specifies a dela The 90th day after the	ved effective date, but not an effective time, at 12:01 a.m. on the earlier of ecord is filed.
June 21	2019
ited	 ,,
M	2_
	Signature of a member or authorized representative of a member
0	Signature of a member of authorized representance of a member
Michael Alfaro	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00