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DIVISION OF CORPORATIONS

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COVER LETTER

TO:	Registration Se Division of Cor						
cubir	ALL FIT BO	OOTCAMP SODO LLC					
SOBJE	C1:	Name of Lin	ited Liability Company				
The enc	losed Articles of	Amendment and fec(s) are sub	omitted for filing.				
Please r	eturn all correspo	ndence concerning this matter	to the following:				
		Jorge V. Canellas					
			Name of Person				
		ALL FIT BOOTCAMP S	ODO LLC				
Firm/Company							
5314 Stratemeyer Drive							
			Address				
		Orlando, FL 32839					
City/State and Zip Code niki@appraisersofamerica.com							
		E-mail address: (to be used for future annual report notifi	ication)			
For furt	her information e	oncerning this matter, please c	all:				
Amanda N. Canellas		407 697-8257					
	Name o	f Person	at () Area Code — Daytime	Telephone Number			
Enclose	d is a check for th	ne following amount:					
■ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ 855.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
	MAIL	IVC ANDDESS.	STDEET/(VAEDIA	ed anndess.			

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

ALL FIT BOOTCAMP SODO LLC

(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 $\frac{04/11/20}{18}$ _____ and assigned Florida document number _____L18000091212 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address

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.

City

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Amanda N. Canellas	5314 Stratemeyer Drive	
			□ Remove
			☐ Change
AR 	Jorge V Canellas	5314 Stratemeyer Drive	Add
			■ Remove
			Change
AMBR	Jorge V Canellas	5314 Stratemeyer Drive	■ Add
			□ Remove
			☐ Change
			Add
			Remove
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			□ Change

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record specifies a delay	red effective date	. but not ar	effective tim	e. at 12:01 a.m	n. on the earlier
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