

LIBRARY 96691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

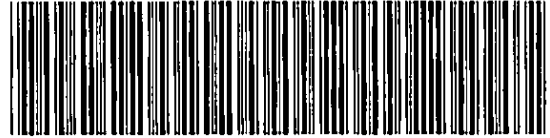
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900315312719

07/05/18--01017--024 \*\*25.00

15th

2018 JUL 18 AM 10:27  
OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA

FILED

JLS  
07/18/18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 11, 2018

TAKENYA S LAMPKINS  
8106 OLD KINGS STE 4  
JACKSONVILLE, FL 32217 US

SUBJECT: FOUR FRIENDS UNIT 1 LLC  
Ref. Number: L18000096691

We have received your document for FOUR FRIENDS UNIT 1 LLC and your check(s) totaling \$25.00. 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 the corrected original and one copy of 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) 245-6051.

Janeice L Smith  
Regulatory Specialist II  
Registration Section

Letter Number: 918A00014331

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Four Friends Unit 1  
\_\_\_\_\_  
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:

\_\_\_\_\_  
Name of Person  
Takenya S Lampkins  
\_\_\_\_\_  
Firm/Company  
Four Friends Fitness, LLC  
\_\_\_\_\_  
Address  
8106 Old Kings Rd Ste 4  
\_\_\_\_\_  
City/State and Zip Code  
Jacksonville, FL 32217  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)  
contact@fourfriendsfitness.com

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person  
Takenya Lampkins  
\_\_\_\_\_  
Area Code  
904  
\_\_\_\_\_  
Daytime Telephone Number  
235-9429

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Four Friends Unit 1 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:

\_\_\_\_\_  
Takenya S Lampkins

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Four Friends Fitness, LLC

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
8106 Old Kings Rd S Ste 4

\_\_\_\_\_  
Address

\_\_\_\_\_  
Jacksonville, FL 32217

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
contact@fourfriendsfitness.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Takenya S Lampkins

\_\_\_\_\_  
at ( )

904

Area Code

3640660

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

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

Four Friends Unit 1 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 04/17/2018 and assigned  
Florida document number L18000096691.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Four Friends Fitness Franchise, LLC

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)**

8106 Old Kings Rd S

Ste 4

Jacksonville, fl 32217

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

8106 Old Kings Rd S

Ste 4

Jacksonville, FL 32217

**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:

Takenya S Lampkins

New Registered Office Address:

5014 Roanoke Blvd

*Enter Florida street address*

Jacksonville

Florida 32208

*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.*

If Changing Registered Agent, Signature of New Registered Agent

FILED  
APR 18 AM 11:27  
JACKSONVILLE, FL  
CLERK OF CIRCUIT COURT

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>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <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 |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |

FILED  
2018 JUL 19 PM 10:00  
FALLAH ASSELTORIO

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

2018 JUL 18 AM 10:21  
SANTA FE FLORIDA  
TALLAHASSEE FLORIDA

FILED

**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

7-17-2018

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**