

L15000145086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

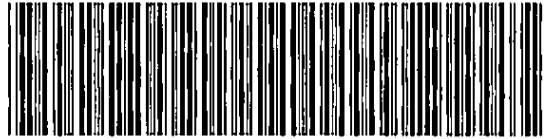
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900315146999

06/28/18--01015--010 \*\*25.00

FILED

18 JUN 28 PM 2:00

SECRETARY OF STATE  
MAIL ROOM

K SALY  
JUL -3 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Limitless Performance L.L.C

\_\_\_\_\_  
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:

Mikerlange Barthelemy

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

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

10388 Trianon Place

\_\_\_\_\_  
Address

Wellington, FL 33449

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

mike@getfitmatch.com

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

For further information concerning this matter, please call:

Mikerlange Barthelemy

561 853-6487  
at ( )

\_\_\_\_\_  
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

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

Limitless Performance L.L.C

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

FILED  
18 JUN 26 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 12, 2018 and assigned  
Florida document number L18000145086.

This amendment is submitted to amend the following:

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

Limitless Performance 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)

11320 Fortune Circle, G6

Wellington, FL 33414 US

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

10388 Trianon Place

Wellington, FL 33449 US

**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:

10388 Trianon Place

*Enter Florida street address*

Wellington

*City*

Florida 33449

*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>
MGR	Barthelemy, Mikerlange	10388 Trianon Place	<input type="checkbox"/> Add
		Wellington, FL 33449 US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMGR	Alan, Marcus	2600 Douglas Road, Suite 1111	<input type="checkbox"/> Add
		Coral Gables, FL 33134 US	<input checked="" 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

18 JUN 28 PM 2:00  
FILED  
SECURITY

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

FILED  
JUN 28 PM 2:00  
18

**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 June 25, 2018

Signature of a member or authorized representative

Mikerlange Barthelemy

Typed or printed name of signee