L15000193969

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S. YOUNG

COVER LETTER

TO: Registration : Division of Co			
WIN IF OT		LITE FITNESS LLC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	EROMOSELE ALBERT		
		Name of Person	
	PUNCH ELITE FITNESS	LLC	
	···· · · · · · · · · · · · · · · · · ·	Firm/Company	
	1901 NW MIAMI CT		
		Address	
	MIAMI, FL 33136		
	aramanalanthar Gurahaa aa	City/State and Zip Code	
	eromosclealbert@yahoo.co E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
EROMOSELE ALBE	RT	305 546-5116	
Name	of Person	Area Code Daytim	e 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations Tallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PUNCH	ELITE FITNESS LLC		33 7
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears Limited Liability Company)	on our records.)	T T
The Articles of Organization for this Limited Liability Co. Florida document number L18000193969 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limi	ompany were filed on	AUGUST 14, 2	N I
		 -	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the de	signation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our re	cords, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
		Florida	a
	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 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>	Address	Type of Action
MGR RICARDO WILSON	1901 NW MIAMI CT		
		MIAMI FL 33136	
		□Change	
			□∧dd
			□Remove
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Effect	ive date, if other than the date of filing: July 20, 2020 (optional)
	fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docum	nent's effective date on the Department of State's records.
e recor	ed 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
rd is fi	
	7/2202020
Dated	$\frac{7/22}{42}$. $\frac{2020}{42}$
	Signature of a member or authorized representative of a member Eromoselle MLbert