

Division of Corporations

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**LEON 247521**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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NOV 7 P 7:06  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : MORAN KIDD LYONS JOHNSON, P.A.  
Account Number : I20000000003  
Phone : (407) 841-4141  
Fax Number : (407) 841-4348

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OPTIMUM FITNESS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2019 NOV -7 PM 12:19

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Optimum Fitness, 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:

Ryan Gleichowski

Name of Person

Firm/Company

5055 SW 91st Terrace, Suite 100

Address

Gainesville, FL 32608

City/State and Zip Code

ryan.gleichowski@yahoo.com

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

FILED  
NOV - 7 P 1:00  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ryan Gleichowski

352 246-1030

Name of Person

at ( ) 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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Optimum Fitness, 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 October 23, 2018 and assigned  
Florida document number L18000247521.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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NOV - 7 P 11:06  
TALLAHASSEE, FLORIDA

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

\_\_\_\_\_, Florida \_\_\_\_\_  
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

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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	Ryan Gleichowski		<input type="checkbox"/> Add
		5055 SW 91st Terrace, Suite 100 Gainesville, FL 32608	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gleichowski Asset Management Enterprises, Inc.	5055 SW 91st Terrace, Suite 100 Gainesville, FL 32608	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael DiBlasi, LLC	4102 W. San Miguel Street Tampa, FL 33629	<input checked="" 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

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 NOV 7 2019  
 TAMPA  
 COUNTY CLERK  
 OFFICE

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

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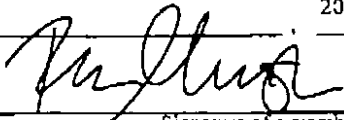
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 90 L P 7:06  
 NOV - 7  
 ALABAMA SECRETARY OF STATE

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 November 6 2018

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Ryan Gleichowski  
 \_\_\_\_\_  
 Typed or printed name of signer

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