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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/r Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======, ====,
(Document Number)
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ECRETARY OF STATE LLAHASSEE, FLORIDA

2019 OCT -8 AH ID: 38

SULKER
OCT 2 8 2019

COVER LETTER

Division of Co	rporations		
SANFOR SUBJECT:	D FITNESS CLUB LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	
	S	ANFORD FITNESS CLUB LLC	
		Firm/Company	
		P O BOX 471364	
		Address	· · ·
	1	AKE MONROE FL 32747	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please co	all:	
		at ()	e Telephone Number
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	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:

TO:

Registration Section

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

ed Liability Company a (A Florida Limited Liab	is it now appears lity Company)	on our records.)	
ability Company we	re filed on	01/04/2019	and assigned
owing:			
the limited liability	company her	<u>re</u> :	
ords "Limited Liability C	Jompany," the de	signation "LLC" or the	abbreviation "L.L.C."
able: _			
<u>TADDRESS)</u> _			
_			7.0
or registered office fice address here:	e address on	our records, <u>ente</u>	r the name of the
Registered Agents I	nc.		FLOOR CO
7901 4th St N. STE		la etroat addrase	EF 8
c. n . I	r,nter r toru	ui sireet aaaress	33703
St. Petersburg	City	Florida _	33702 Zip Code
	ability Company we by the limited liability ords "Limited Liability ords" Limited Liability or able: TADDRESS) PROX) Proper registered office fice address here: Registered Agents 1	ability Company were filed on	powing: The limited liability company here: The limited liability company here: The limited Liability Company, the designation "LLC" or the lable: The limited Liability Company, the designation "LLC" or the lable: The limited Liability Company, the designation "LLC" or the lable: The limited Liability Company, the designation "LLC" or the lable: The limited Liability Company here: Problem 1

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>	Type of Action
MGR	VERAINA ENTERPRISES LLC	770 MONROE RD SANFORD FL 32771	Add
		 <u>-</u> 	Remove
			Change
MGR	BURLONG INVESTMENTS LLC	P O BOX 471364 LAKE MONROE FL 32747	Add
			□ Remove
			Change
			□ Remove
			Change
			Ađd
			☐ Remove
			Change
			Add
			☐ Remove
			Change
		-	Add
			Remove
			☐ Change

				
<u> </u>	- · · · · · · · · · · · · · · · · · · ·			
		 .		
				
				
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If an effective Note: If the		specific and cannot be prior to does not meet the applical	o date of filing or more than 9	(optional) 0 days after filing.) Pursuant to 605.02 ments, this date will not be listed
	specifies a delayed ef h day after the record		an effective time, at	: 12:01 a.m. on the earlier
Dated	02-OCTOBER	. 2019	·	
		4/ 41	A CALL.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00