# L1900064095

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## **COVER LETTER**

	THLETIC LIMITED LIABILITY	COMPANY	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles (	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
· .	Jake Levine		
		Name of Person	·
· ·	ETRE ATHLETIC		
		Firm/Company	
	104 south Lincoln ave		
	<del></del>	Address	
	Tampa/ Florida 33609		
		City/State and Zip Code	. <u> </u>
	jake@etreathletic.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information	n concerning this matter, please ca	all:	
Jake Levine		631 487 2266 at ( )	
Name	e of Person		Telephone Number
Enclosed is a check for	r 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)

,

TO:

Registration Section Division of Corporations

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



ETRE ATHLETIC LLC

C LLC

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

(A Florida Limited Liability Company)

(SCIORGE VO.)

The Articles of Organization for this Limited Liability Company were filed on March 6th 2019 Florida document number <u>L1900006409</u>5 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 "LLC." 104 S Lincoln ave Enter new principal offices address, if applicable: Tampa, Florida 33609 (Principal office address MUST BE A STREET ADDRESS) 104 S Lincoln ave Enter new mailing address, if applicable: Tampa, Florida 33609 (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: Jake Levine Name of New Registered Agent: 109 S Lincoln ave New Registered Office Address: Enter Florida street address

#### 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.

City

Tampa

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 34

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	Edward Arsenault	1509 W Carmen St APT 2305	Add
		Tampa, Florida 33606	Remove € /
			□ Change
MGR	Lauriane Cardot	221 S Rome Ave APT 209	
		Tampa, Florida. 33606	Remove
			■ Change
			□ Add
			□ Remove
			Change
			Add
		<del>- 10 10 - 10</del>	Remove
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Anei	l 4th			2019					
ted Apri	1 7111		<del>)</del>	-/	·				
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Typed or printed name of signee

Filing Fee: \$25.00