L19000070318

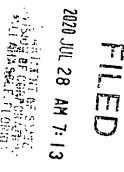
(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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S. YOUNG

COVER LETTER

TO: Registration Section

Division of Co	rporations				
	TITNESS LLC				
SUBJECT:		nited Liability Company	 		
The enclosed Articles o	nclosed Articles of Amendment and fee(s) are submitted for filing. e return all correspondence concerning this matter to the following: DEV A. LACHMAN				
		-			
Please return all corresp	ondence concerning this matter	to the following:			
	DEV A. LACHMAN				
		Name of Person	.		
	PIECES FITNESS LLC				
		Firm/Company			
	8726 BLACK CANYON	DR			
		Address			
	ORLANDO, FL 32829				
		City/State and Zip Code			
			 		
		·	utication)		
For further information	concerning this matter, please c	all:			
DEV A LACHMAN					
Name of Person			me Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Mailing Addre Registration		Street Address: Registration S	ection		
Division of C	Corporations	Division of Corporations			
P.O. Box 63. Tallahassee,		The Centre of			
rananassee,	1 L JÚJ 14	Z413 IN. IVIONE	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIECES FILNESS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	inv as it now appears on our records.)	TI.
(A Fiorida Limited I		==
The Articles of Organization for this Limited Liability Company	were filed on 03/12/2019 are assign	<u>ed</u>
Florida document number L19000070318	ORDER CHARLES TRANS	11
Notes diventient flumber		フ
This amendment is submitted to amend the following:	RECT.	
A. If amending name, enter the new name of the limited liab	ility company bere:	
	mr company next.	
PIECES LLC The new name must be distinguishable and contain the words "Limited Liabil	No. Community and Community and Community and Community	
the new trainer must be distinguishable and contain the words. Elimited that:	· · · · · · · · · · · · · · · · · · ·	
Enter new principal offices address, if applicable:	8726 BLACK CANYON DR	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32829	
	·	
Enter new mailing address, if applicable:	SAME AS ABOVE	
•••		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new re</u>	gistere
igent and/of 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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ective date, if other than th	ie date of fi	ling:			(opt	ional)	
effective date is listed, the date ne: If the date inserted in this							
ument's effective date on the							
cord specifies a delayed effect filed.	ive date, but	not an effecti	ive time, at 1	2:01 a.m. on th	e carlier of: (b) The 90th d	lay after the
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JUNE 17		2020					
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	2)			resentative of a			