

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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January 9, 2020

DAVID RODRIGUEZ 6800 SW 40TH ST #380 MIAMI, FL 33155

SUBJECT: 29 FITNESS LLC Ref. Number: L19000077559

We have received your document for 29 FITNESS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please print the new business name clearly. As of right now its illegible to read.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood Regulatory Specialist II

2020 FEE 1 0 PE 12: 14

Letter Number: 620A00000616

## **COVER LETTER**

Division of Corporations
SUBJECT: 29 Fitness LC  Name of Limited Liability Company
mano of minited maonity company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David Rodoniez Name at Person
Anding Fitness LLC Firm/Company
6800 SW 40th Street # 380
City/State and Zip Code  Ardrug Fitness @ Gracil. Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Rodos Vez at (979) 978-1872  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$330.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

TO:

**Registration Section** 

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

19 F.	thess IC
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>U 90000 77559</u> .	were filed on 03/20/19 and assigned F
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	4 C
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	Ardina Fitness 6800 Sw 40th St # 380 Miami, FL 33155
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Ardina Fitness 6800 sw 40th St 4.380 Miami, FC 33155
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	David Rodaguez
New Registered Office Address:	6800 SW 40 th St 4 350 Enter Florida street address
<del></del>	Micuni, Florida 33155  Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
	····		□ Add
			ПРеттоуе
			□Change
			□Add
			□Remove
			□Change
			□Add
		□ Remove	
			☐ Change
			□Remove
			☐ Change
			□Remove
			□ Change

•	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
reffect <u>te:</u> If	date, if other than the date of filing:
	of specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of the day after the record is filed.
cd	11/26/19
	Signature of a member or authorized representative of a member
	Typed or printed name of signed

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Filing Fee: \$25.00