

L19000 103 919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

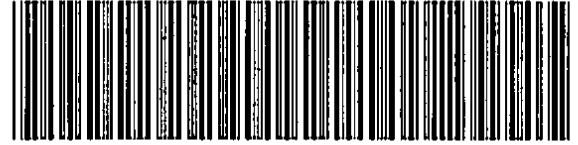
Robert Clark
gave permission to
correct document.

DC

9/4/19

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08/30/19--01008--026 **25.00

19 SEP -3 PM 4:51

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

LLC
Amend.

9/5/19

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2019

THE GYM ON 200, LLC
3451 E. LOUISE LN
STE. 112
HERNANDO, FL 34442

SUBJECT: THE GYM ON 200, LLC
Ref. Number: L19000103919

We have received your document for THE GYM ON 200, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

No document enclosed and it appears the manager/member reference in the correspondence sent is already on record with our office. Therefore, it appears there's no need to file any documentations with our office unless you have additional changes to make.

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

Irene Albritton
Regulatory Specialist II

Letter Number: 019A00015875

Our address has changed to:

3380 E Hilltop Loop

Hernando FL 34412

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE GYM ON 200, 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:

ROBERT CLARK

Name of Person

THE GYM ON 200, LLC

Firm/Company

3380 E. HILLTOP LOOP

Address

HERNANDO, FL 34442

City/State and Zip Code

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

For further information concerning this matter, please call:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE GYM ON 200, LLC

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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
19 SEP -3 PM 4:51

The Articles of Organization for this Limited Liability Company were filed on 04/15/19 EFFECT. 04/09/19 and assigned Florida document number L19000103919.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3380 E. HILLTOP LOOP

HERNANDO, FL 34442

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3380 E. HILLTOP LOOP

HERNANDO, FL 34442

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:

3380 E. HILLTOP LOOP

Enter Florida street address

HERNANDO

City

Florida

34442

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

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	ROBERT CLARK	3380 E. HILLTOP LOOP	<input type="checkbox"/> Add
		HERNANDO, FL 34442	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

(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)

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 8-27-16

Robert Clark

Typed or printed name of signee