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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
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SEC. TALLAHASSEE FL



COVER LETTER

Division of Corpo	orations		
SUBJECT: Rise	L'N Grind F	itness Tampa L	LC.
	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	^	_	
	Ca	Name of Person	١
		Name of Person	
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	45575)ale Mabry Hu	<u> </u>
		Address	J
	Tang	City/State and Zip Code Compose 27 CS o be used for future annual report notificate	·
	Carrio		on. ' 1 1 100
	E-mail address: (to	be used for future annual report notificat	ion)
For further information cor	ncerning this matter, please cal		
101	0 1 6	5.1.0.0.	
JOY	Paul Kius	at (561) 212 - C	1189
Name of t	rerson	Area Code Daytine Te	rephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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 *

- Kise	'N Grind F	itness Tame	Pa LLC.
(<u>Name of the Limited L</u> (A F	iability Company as it now Torida Limited Liability Com	appears on our records.) ipany)	
The Articles of Organization for this Limited Liabil Florida document number <u>L19000227</u>		on <u>09/09/10</u>	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability comp	any here:	
The new name must be distinguishable and contain the words	"Limited Liability Company	"the designation "LLC" or t	
Enter new principal offices address, if applicable	<u></u>		17 9 TT
(Principal office address MUST BE A STREET A	DDRESS)		2
Entern 2P 11 10 10 11 11			(7) PH (7)
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	Δ		
B. If amending the registered agent and/or registered agent and/or the new registered office	address here:		ter the name of the new
Name of New Registered Agent:	Carlie	Cannon	
New Registered Office Address:	En	ter 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 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>	Address	Type of Action
MGR	Carlie Comon	Tampe, FL 3360L	_ - ₩ ∧dd
		Tampa, FL 33bol	☐ Remove
			Change
AMBR	John Paul Pius	1007 Cd:Son Rute Ct. Tumpa FL 33604	Add
		Tampa FC 33604	Remove
			D Change
	···		
			□ Remove
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Note:	ve date, if other than the date of filing:
the rec) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
D : 1	÷
Dated .	
	Signature of a member or authorized representative of a member

. . . .

Page 3 of 3

Filing Fee: \$25.00