

LZO 000104268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

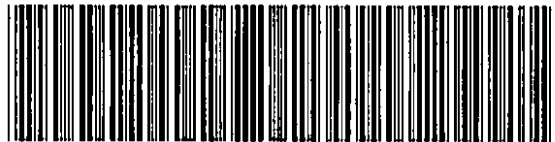
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/21/20--01003--017 **25.00

2020 OCT 21 AM 10:14

C. S. M. C. N. G.
OCT 06 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Skyler's Stretch & Flex, 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:

Skyler Humphrey
Name of Person

Skyler's Stretch & Flex, LLC
Firm/Company

11001 Old St. Augustine Rd.
Address

Jacksonville FL 32257
City/State and Zip Code

skylerbodubudina@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Skyler Humphrey at (904) 214-5439
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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**

Shyler's Stretch & Flex, LLC

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

ART 10: 14

The Articles of Organization for this Limited Liability Company were filed on 8/18/20 and assigned Florida document number L20000104268.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

Name of New Registered Agent:

Shyler Humphrey

New Registered Office Address:

11001 Old St. Augustine Rd.

Enter Florida street address

Jacksonville

City

Florida

32257

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.

Shyler Humphrey
If Changing Registered Agent, Signature of New Registered Agent


<u>Title</u>	<u>Name</u>	<u>Address</u>	JUNE 21 AM 10:14	<u>Type of Action</u>
AMBE	Matthew Rott	7196 Bridyard Circle Lake Worth, FL 33467		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
				<input type="checkbox"/> Change
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443A 21 1110: 14

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 August 18th, 2020


Signature of a member or authorized representative of a member organization

Signature of a member or authorized representative of a member

Skyler Humphreys
Typed or printed name

Typed or printed name of signee