

L20000135770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

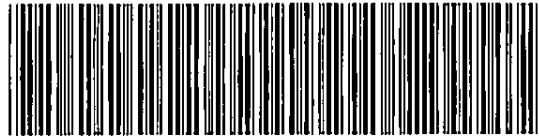
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

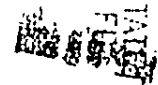
Office Use Only



300403185183

FILED

2007 FEB 27 PM 1:09



R. HUNT

02/27/07

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: E 10 FITNESS 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:

GONZALO IGNACIO RODRIGUEZ PEREZ

Name of Person

E 10 FITNESS LLC

Firm/Company

162 NE 25TH ST APT 1010

Address

MIAMI, FL 33137

City/State and Zip Code

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

FILED
MAY 27 PM 1:09
TALLAHASSEE, FL

For further information concerning this matter, please call:

GONZALO IGNACIO RODRIGUEZ PEREZ

561

654-3986

at ()

Name of Person

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 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**

E 10 FITNESS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/19/2020 and assigned
Florida document number L20000135270.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

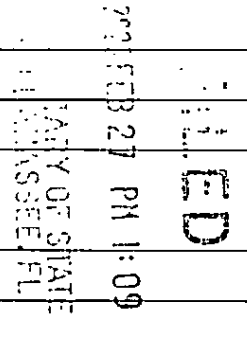
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

GONZALO IGNACIO RODRIGUEZ PEREZ

New Registered Office Address:

162 NE 25TH ST APT 1010

Enter Florida street address

MIAMI

City

Florida 33137

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>
AMBR	GABRIELA BLANCO	162 NE 25TH ST APT 1010	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED
2023 FEB 27 PM 1:09
CLERK OF DISTRICT COURT
STATE OF FLORIDA

7/23/82 7 PM 1:09
CLARK COUNTY
CLARK COUNTY, FL

7/23/82 PM 1:09
CLARK COUNTY
CLARK COUNTY, FL

100

(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.

TOBER 31ST _____ 2022 _____

Signature of a member or authorized rep

Signature of a member or authorized representative of a member

GABRIELA BLANCO

Typed or printed name of signee

Filing Fee: \$25.00