## 120 000 143668

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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	istration Se ision of Cor					
SUBJECT:	Apex Athletic Training Center, LLC					
SUBJECT.		Name of Lim	ited Liability Company	<del></del>		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Timothy B. Harvey, Esq.				
			Name of Person			
		T. Harvey Law, P.A.				
			Firm/Company			
		9040 Town Center Pkwy.				
		<del></del>	Address			
		Lakewood Ranch, FL 3420	)2			
		info@tharveylaw.com	City/State and Zip Code			
		•	to be used for future annual rep	ort notification)		
For further in	nformation c	oncerning this matter, please ca	all:			
Timothy B. I	Harvey		941 552-7	884		
···	Name o	f Person	at () Area Code	Daytime Telephone Number		
Enclosed is a	check for th	ne following amount:				
<b>■ \$25.00</b> F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	iling Addres		Street Add			
	gistration S vision of C	Section forporations		on Section of Corporations		
P.O. Box 6327				c of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Apex Athletic Training Center, LLC		NO TI
(Name of the Limited Liability	Company as it now appears on our records.	
The Articles of Organization for this Limited Liability Co Florida document number L20000143668  This amendment is submitted to amend the following:	Cimited Liability Company)  ompany were filed on 05/27/2020  -	and assigned
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter th	ie name of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 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
AMBR	Louis Hunt Jr.	3138 Rufus Road	
		North Port, FL 34288	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	block does not meet the applicable s	(optional) e of filing or more than 90 days after filing.) Pure tatutory filing requirements, this date will	suant to 605.0207 (3)(b not be listed as the
f the record specifies a delayed effective cord is filed.	ve date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b) The 90th	th day after the
August 3rd Dated	2020		
1			

Filing Fee: \$25.00

Typed or printed name of signee