

120 CCC 144476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

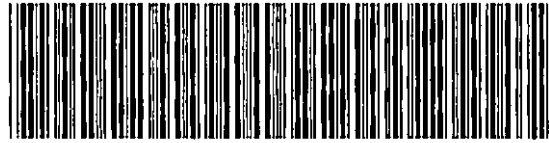
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: **Registration Section  
Division of Corporations**

SUBJECT: Stretch Zone Enterprises II, 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:

Helen Martin

Name of Person

Firm/Company

1820 NE Jensen Beach Blvd., #675

Address

Jensen Beach, Florida 34957

City/State and Zip Code

hmartin@stretchzone.com

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

For further information concerning this matter, please call:

HELEN MARTIN

Name of Person

at ( 772 )

Area Code

349-8780

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

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STRETCH ZONE ENTERPRISES II, 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 5/27/2020 and assigned Florida document number 120000144476.

This amendment is submitted to amend the following:

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

STRETCH ENTERPRISES II, LLC

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:

1820 NE Jensen Beach Blvd., #675

Principal office address MUST BE A STREET ADDRESS

Jensen Beach, Florida 34957

Enter new mailing address, if applicable:

1820 NE Jensen Beach Blvd., #675

Mailing address MAY BE A POST OFFICE BOX

Jensen Beach, Florida 34957

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:

HELEN MARTIN

New Registered Office Address:

1820 NE Jensen Beach Blvd., #675

*Enter Florida street address*

Jensen Beach

*City*

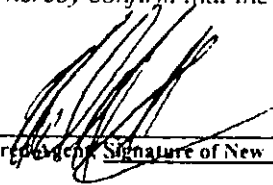
Florida 34957

*Zip Code*

Registered Agent's Signature, if changing Registered Agent:

*I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>HJC CONSULTING</u>	<u>1820 NE Jensen Beach Blvd., #675</u>	<input type="checkbox"/> Add
		<u>Jensen Beach, Florida 34957</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGRM</u>	<u>HELEN MARTIN</u>	<u>1820 NE Jensen Beach Blvd., #675</u>	<input checked="" type="checkbox"/> Add
		<u>Jensen Beach, Florida 34957</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MBR</u>	<u>JOE MORRISSEY</u>	<u>321 Charroux Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Palm Beach Gardens, Florida 33410</u>	<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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Lined area for amending information.

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

he 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 ord is filed.

Dated January 5, 2021

Signature of a member or authorized representative of a member

HELEN MARTIN, MANAGING MEMBER

Typed or printed name of signee

Filing Fee: \$25.00