

L20000 169 673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

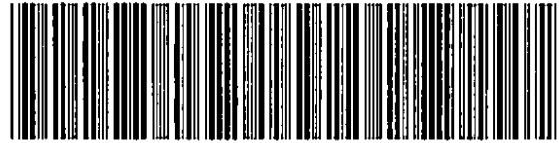
(Business Entity Name)

(Document Number)

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AUG 14 2020

S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Stay Tru Athletics 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:

Taurean L. Harrold-Goodson

\_\_\_\_\_  
Name of Person

Stay Tru Athletics

\_\_\_\_\_  
Firm/Company

5956 Bent Pine Dr. apt 256

\_\_\_\_\_  
Address

Orlando, FL 32822

\_\_\_\_\_  
City/State and Zip Code

Staytruathletics@gmail.com

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

For further information concerning this matter, please call:

Taurean L. Harrold-Goodson

407 432-9782  
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**

Stay Tru Athletics 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 06/18/20 and assigned  
Florida document number L20000169673.

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 "LLC."

**Enter new principal offices address, if applicable:**

5956 Bent Pine Dr. apt.256

**(Principal office address MUST BE A STREET ADDRESS)**

Orlando, Fl. 32822

**Enter new mailing address, if applicable:**

3936 S. Semoran Blvd. #102

**(Mailing address MAY BE A POST OFFICE BOX)**

Orlando, Fl. 32822

**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:

Taurean L Harrold-Goodson

New Registered Office Address:

5956 Bent Pine dr. apt.256

*Enter Florida street address*

Orlando

*City*

Florida 32822

*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	Taurean L. Harrold-Goodson	5956 Bent Pine Dr. apt 256	<input checked="" type="checkbox"/> Add
		Orlando, Fl. 32822	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Treshundra Payne	1423 Merrimack lane	<input checked="" type="checkbox"/> Add
		Davenport, Fl. 33837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Taurean L. Harrold	5956 Bent Pine Dr. apt 256	<input type="checkbox"/> Add
		Orlando, Fl. 32822	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Treshundra Payne	5956 Bent Pine Dr. apt 256	<input type="checkbox"/> Add
		Orlando, Fl. 32822	<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

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(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)

Dated June 28<sup>th</sup>, 2020  
[Signature]  
 Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**