

L20000 169 673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

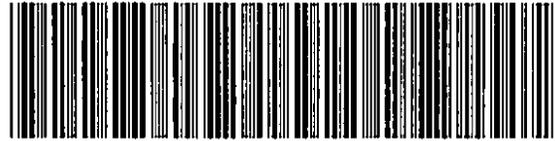
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000347390030

07/02/20-H01013-023 **30.00

2020 JUL -2 PM 6:35

07/14/20

AUG 14 2020

S. YOUNG

**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)

2020 JUL - 22 PM 5:35
FILED

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 "L.L.C."

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

