

L20000218819

(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



000412727090

07/25/23--01008--008 **25.00

FILED
2023 JUL 25 AM 11:55
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Personal Trainers Online 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:

Frederic Chevy

Name of Person

PERSONAL TRAINERS ONLINE LLC

Firm/Company

7901 4TH ST N STE 300

Address

ST. PETERSBURG, FL 33702

City/State and Zip Code

fred@therazor.fit

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

For further information concerning this matter, please call:

Frederic Chevy

Name of Person

at (305) 766 5205

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**

FILED

PERSONAL TRAINERS ONLINE LLC

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

2023 JUL 25 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
and assigned

The Articles of Organization for this Limited Liability Company were filed on 07/24/2020

Florida document number 85-2563054

This amendment is submitted to amend the following:

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

The Razor Fitness Coaching 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:

7901 4TH ST N

(Principal office address MUST BE A STREET ADDRESS)

STE 300

ST. PETERSBURG, FL 33702

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

~~9999 W Katic ave~~ ^{PC}

9436 W Lake Mead

~~#1336~~ ^{PC}

Suite 5 Unit 104

~~Las Vegas, NV 89147~~ ^{PC}

Las Vegas, NV 8913

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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>
--------------	-------------	----------------	-----------------------

_____ ☐ Add

☐ Remove

_____ ☐ Change

☐ Add

☐ Remove

_____ ☐ Change

☐ Add

[Remove](#)

_____ ☐ Change

_____ ☐ Add

[Remove](#)

_____ ☐ Change

_____ ☐ Add

[Remove](#)

_____ ☐ Change

☐ Add

[Remove](#)

_____ ☐ Change

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

FILED
2023 JUL 25 AM 11:55
CLERK OF THE CIRCUIT COURT
TALLAHASSEE, FLORIDA

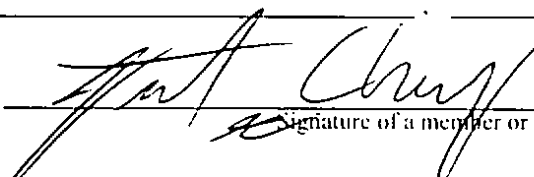
E. Effective date, if other than the date of filing: _____ (optional)

(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.

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.

Dated 07/04/2023 12:36 A.M.



Signature of a member or authorized representative of a member
FREDERIC CHEVRY

Typed or printed name of signee