

L20000318154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

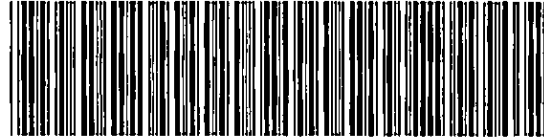
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
CLERK

LA.
1/11/21

COVER LETTER

TO: Registration Section
Division of Corporations
Black Barbell Fitness LLC

SUBJECT: _____
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:

Kandice Damestani

Name of Person

Black Barbell Fitness LLC

Firm/Company

610 Arizona Avenue

Address

Fort Lauderdale, FL 33312

City/State and Zip Code

blackbarbell.llc@gmail.com

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

For further information concerning this matter, please call:

Anne Sylvester

954

465-8122

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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	Kandice Damestani	610 Arizona Ave	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33312	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Anne Sylvester	3301 SW 117th Ave	<input type="checkbox"/> Add
		Davie FL 33330	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Neola Occenad	8518 E Southgate Shores Circle	<input type="checkbox"/> Add
		Tamarac FL 33321	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Kristina LaBossiere	8210 NW 91st Terr	<input type="checkbox"/> Add
		Tamarac, FL 33321	<input type="checkbox"/> Remove
			<input checked="" 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

Change all titles from AR to AMBR

[illegible]

(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)

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 Nov, 18 , 2020

Kolamistan
Signature of a member or authorized representative of a member

Kandice Damestani

Typed or printed name of signee