## LZ0000 324958

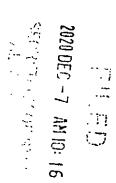
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JA. 1/19/21

## **COVER LETTER**

**Division of Corporations** Summit Performance and Conditioning 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: Frank Pettoruto Name of Person Summit Performance and Conditioning LLC Firm/Company 16563 NW 5 Ct Address Pembroke Pines, FL 33028 City/State and Zin Code pett5587@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Frank Pettoruto Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee. **■** \$25.00 Filing Fee ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

**Registration Section** 

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

Summit Performance and Conditioning LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record Liability Company)	<u>(s.</u> )	
The Articles of Organization for this Limited Liability Compan	y were filed on 10/14/20	and assigned	
lorida document number L20000324958			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited lia	bility company here:		
he new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC	" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:		<del></del>	
Principal office address MUST BE A STREET ADDRESS)		<del>- 3 2</del>	
		20 0	
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		A 77	
<del></del>			
		6	
<ol> <li>If amending the registered agent and/or registered office gent and/or the new registered office address here:</li> </ol>	address on our records, <u>enter</u>	the name of the new regi	
Name of New Registered Agent:			
Name of New Registered Agent.	<u></u>	• —	
New Registered Office Address:	Ensur El midro do codo do la	<del></del>	
	Enter Florida street address		
	, Fl	orida Zin Code	
	CA)	ziqi Cinac	

## 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 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>	Address	Type of Action
AMBR	Frank Pettoruto	16563 NW 5 Ct	<b>=</b> Add
		Pembroke Pines, FL 33028	□Remove
AMBR	Jen Milos-Pettoruto	16563 NW 5 Ct	<b>≡</b> Add
		Pembroke Pines, FL 33028	□Remove
			Change
			□Remove
			Change
			Remove
			□Remove
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			☐ Change

<b>tote:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records.	<del></del>		
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