N21000300491

(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:





600380784286



C. BRUMBLEY FEB 1 7 2022

COVER LETTER

Division of Corp			
SUBJECT: Hawk-Eyed			
	Name of Lin	nited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sul	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following.	
	Paul W Sullivan Jr.		
		Name of Person	
	Hawk-Eyed Fitness LLC	// PWS Fitness Riverview LLC	
	-	Firm Company	
	206 S Bradford Ave		
		Address	
	Tampa, FL 33609		
		City State and Zip Code	
	pj.sullivan@pwsgrowthgro	up.com to be used for future annual report notil	<u> </u>
For further information cor	neerning this matter, please c	·	nemon j
Paul W Sullivan Jr.		703 678-3085	
Name of I	² erson	at ()	e 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)
Mullion Addition			

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

Hawk-Eyed Fitness LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	· ·······
The Articles of Organization for this Limited Liability Company	were filed on 6/30/2021	and assigned
Florida document number L21000300491		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
PWS Fitness Riverview LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	206 S Bradford Ave	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33609	- 20
)221
		E II
Enter new mailing address, if applicable:	206 S Bradford Ave	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33609	<u> </u>
		1967 B D
D. Id.		္း ယ
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
the second office address fiere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	ล
	City	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

Title	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			☐Change
			🗆 🗅 Add
		·	□Remove
			□Change
			🗆 🗖 Add
			□Remove
			□Change
		-	ClAdd
			□Remove
			□Change
			🗆 🗆 Add
			□Remove
			□Channe

Page 2 of 3

_	
<u> Note:</u> H	date, if other than the date of filing:
f the recor b) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	Signature of a member authorized representative of a member
	Signature of a member authorized representative of a member
	Paul W Sullivan Jr.
	Typed or printed name of signee

Filing Fee: \$25.00