L22000153557

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF		MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Stat	us
Special Instructions	to Filing Officer:	

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COVER LETTER

	legistration S Division of Co		`	•
SUBJECT		iness Centers PC LLC		
SOBJECT	·	Name of Lir	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sul	omitted for tiling.	
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		Ryan Pergola		
			Name of Person	
		Family Fitness Centers PC	CLLC	
			Firm/Company	
		4900 US Highway 19 Nor	nh	
			Address	رن ا
		New Port Richey, FL 346.	52	• •
			City/State and Zip Code	 ့ မွှ
		ryan@familyfitnesscenters	net to be used for future annual report noti-	, –
For further	information c	concerning this matter, please c	·	acanon)
Ryan Perg			727 667-6372	
	Name o	f Person		· Telephone Number
Enclosed is	a check for th	he following amount:		
□ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re	ailing Addres egistration S ivision of C		Street Address: Registration Sec Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Family Fitness Centers PC LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records Liability Company)	<u></u>)
The Articles of Organization for this Limited Liability Company Florida document number 1.22000153557	were filed on 03/30/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		ယ
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new register
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street addres	yy
	រោ	orida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	John Platt	7205 Arcturas Drive, Sarasota, Florida 34243	
			⊡Remove
			□Change
AMBR	Louis Pergola	4900 US Highway 19 North, New Port Richey, FL	346 □ Add
			Remove
		·-·	Change
			□Řemove
			□Change
			□Add
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C. Effortive data if oth	ar than the date o	f filing:		(a	optional)	
E. Effective date, if oth (If an effective date is listed Note: If the date inser	ted in this block doe	is not meet the app	dicable statutory	or more than 90 days iling requirements.	after filing.) P , this date wi	ursuant to 605.02 11 not be listed
document's effective of	iate on the Departme	ent of State's recor	us.			
If the record specifies a del record is filed.	ayed effective date, l	but not an effective	e time, at 12:01 a	m, on the earlier o	f: (b) The ⁹	00th day after th
		2023				
Dated						

Filing Fee: \$25.00