

L23000383340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

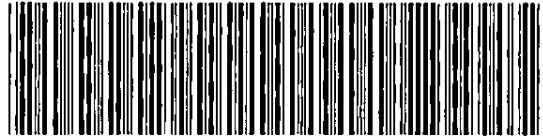
(Business Entity Name)

(Document Number)

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08/25/23--01009--027 \*\*25.00

2023 25 FRI 1:25

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** My Stretch & Fitness Tampa, 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:

Stephen S Flook  
Name of Person  
My Stretch & Fitness Tampa, LLC  
Firm/Company  
5500 Angelonia Terrace Dr  
Address  
Land O' Lakes, FL 34639  
City/State and Zip Code  
Maristevc2@msn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen S Flook 727 457-5444  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

My Stretch & Fitness Tampa, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 8/15/2023 and assigned  
Florida document number L23000383340.

This amendment is submitted to amend the following:

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

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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*

Florida

*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>	<u>Address</u>	<u>Type of Action</u>
CFO	Stephen S Flook	5500 Angelonia Terrace Drive	<input type="checkbox"/> Add
		Land O Lakes, FL 34639	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stephen S Flook	5500 Angelonia Terrace Drive	<input checked="" type="checkbox"/> Add
		Land O Lakes, FL 34639	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Marcus Kenneth J Brugger	4309 Harborwatch Lane	<input type="checkbox"/> Add
		Lutz, FL 33558	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Marcus Kenneth J Brugger	4309 Harborwatch Lane	<input checked="" type="checkbox"/> Add
		Lutz, FL 33558	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	Jerry D Cox	616 Kentucky Ave # 1	<input type="checkbox"/> Add
		Bristol, TN 37620	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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25 11:25

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 August 21, 2023

\_\_\_\_\_  
Signature of \_\_\_\_\_

Signature of a member or authorized representative of a member

Stephen S Flook

Typed or printed name of signee