

L24000150397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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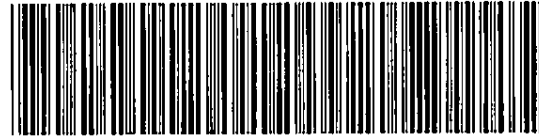
(Business Entity Name)

(Document Number)

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2025 JAN 30 PM 3:19  
TALLAHASSEE, FL  
CLERK OF STATE

AB

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FIT 407 Oviedo 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:

Mark Nelson

\_\_\_\_\_  
Name of Person

FIT 407 Oviedo LLC

\_\_\_\_\_  
Firm/Company

6526 Old Brick Road STE 120 Box 519

\_\_\_\_\_  
Address

Windermere FL 34786

\_\_\_\_\_  
City/State and Zip Code

info@fit407.com

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

For further information concerning this matter, please call:

Mark Nelson

407 415-4951  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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)

**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**

FTT 407 Oviedo LLC

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

**FILED**

2025 JAN 30 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FL  
and assigned

The Articles of Organization for this Limited Liability Company were filed on 3/28/2024

Florida document number 124000150397

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:

1121 Alafaya Trail STE 1045

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

Oviedo, FL 32765

Enter new mailing address, if applicable:

6526 Old Brick Road STE 120 Box 519

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

Windermere FL 34786

**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:

Mark Nelson

New Registered Office Address:

6526 OLD BRICK RD Suite 120 Box 519

Enter Florida street address

Windermere

City

Florida

34786

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.*

Mark Nelson

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	Round Three Holdings LLC	6526 Old Brick Road STE 120 Box 519	<input checked="" type="checkbox"/> Add
		Windermere FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mark Nelson	6526 Old Brick Road STE 120 Box 519	<input type="checkbox"/> Add
		Windermere FL 34786	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Rod Romero	320 1st Street N, Suite 714	<input type="checkbox"/> Add
		Jacksonville Beach FL 32250	<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
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			<input type="checkbox"/> Change

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(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

Maui Nelson

Mark Nelson

**Filing Fee: \$25.00**