

L24000 217 218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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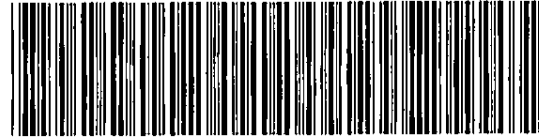
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL
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TALLAHASSEE, FL

AB

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FIT AS FIRE SOUTH 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:

Mark Nelson

Name of Person

FIT AS FIRE SOUTH TAMPA 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**

FIT AS FIRE SOUTH TAMPA LLC

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

FILED

2025 JAN 30 PM 3:33

SECRET
TALLAHASSEE
and assigned FL

The Articles of Organization for this Limited Liability Company were filed on 05/09/2024

Florida document number 124000217218

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3143 W. Kennedy Blvd STE C

Tampa, FL 33609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6526 Old Brick Road STE 120 Box 519

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 Road STE 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
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			<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.)*

[illegible]

E. Effective date, if other than the date of filing: 1/24/2025 (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 January 24th 2025

Mad Mad

Signature of a member or authorized representative of a member

Mark Nelson

Typed or printed name of signee

Filing Fee: \$25.00