

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L20000357185

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H24000397411 3)))



H2400039741134BC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : LEGALZOOM.COM INC.  
 Account Number : 120010000062  
 Phone : (323)962-8600  
 Fax Number : (323)389-0502

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2024 DEC -3 AM 11:08

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 THE COMEBACK FIT CLUB LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

10:11 AM 12-03-2024  
 DIVISION OF CORPORATIONS

T. LEMIEUX

DEC - 4 2024

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** THE COMEBACK FIT CLUB 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:

Mike Town  
Name of Person  
Legalzoom.com, Inc.  
Firm/Company  
9900 Spectrum Dr  
Address  
Austin, TX 78717  
City/State and Zip Code  
mrsmariemerryman@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Town at ( 800 ) 773-0888  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE COMEBACK FIT CLUB 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 08/14/2024 and assigned Florida document number L24000357185.

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:**

495 Brady Rd. Ste C, Tarpon Springs.

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

Florida, 34689

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

495 Brady Rd. Ste C, Tarpon Springs.

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

Florida, 34689

**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:**

MERRYMAN, BUFFY M

**New Registered Office Address:**

495 Brady Rd. Ste C

*Enter Florida street address*

Tarpon Springs

Florida 34689

*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>
AMBR	MERRYMAN, BUFFY M		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		495 Brady Rd, Ste C, Tarpon Springs, Florida, 34689	<input checked="" type="checkbox"/> Change
AMBR	BYRD, CARLY T		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		495 Brady Rd, Ste C, Tarpon Springs, Florida, 34689	<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
			<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.)

Multiple horizontal lines for amending information.

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 December 03, 2024

/s/ Buffy Marie Merryman
Signature of a member or authorized representative of a member

Buffy Marie Merryman
Typed or printed name of signee