

M19000003897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400418935424

12/14/23--01018--024 **25.00

ML



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2024

JOHN FIACCO
170 SERENOA RD #3
SANTA ROSA BEACH, FL 32459

SUBJECT: MOFIT 30A, LLC
Ref. Number: M19000003897

We have received your document for MOFIT 30A, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLC, but your entity is a Foreign LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 924A00000196

RECEIVED

FEB 28 2024

RECEIVED

FEB 28 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Y

Name of Foreign Limited Liability Company MoFit 3DA LLC

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jordan Campbell

Name of Person

Momentum Fitness LLC

Firm/Company

163 Blakely Drew Blvd.

Address

Santa Rosa Beach FL 32459

City/State and Zip Code

john@momentum.fit

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

For further information concerning this matter, please call:

John Fiacco

Name of Person

at (770) 330-3518

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

\$60 Filing Fee,
Certificate of Status &
Certified Copy

(on file)

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State:

MoFit 30A, LLC

Enter new principal office address, if applicable:

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

170 Serenoa Rd Bay #3
Santa Rosa Beach FL 32459

Enter new mailing address, if applicable:

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

163 Blakely Drew Blvd.
Santa Rosa Beach, FL 32459

2. The Florida document number of this limited liability company is:

M19000003897

3. Jurisdiction of its organization:

Delaware

4. Date authorized to do business in Florida:

4/17/2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company:

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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:

Jordan Campbell

New Registered Office Address:

163 Blakely Drew Blvd.

Enter Florida Street Address

Santa Rosa Beach

City

Florida

32459

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.

X Jordan Campbell

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
-----------------	------	---------	----------------

AMBR	Maureen Fiacco	75 Hogpeny Alley Alys Beach, FL 32461	<input type="checkbox"/> Add
------	----------------	--	------------------------------

Remove

AMBR	Jordan (Westmoreland) Campbell	163 Blakely Drew Blvd. Santa Rosa Beach, FL 32459	<input type="checkbox"/> Add
------	-----------------------------------	--	------------------------------

Remove

Change last name to Campbell

Add

Remove

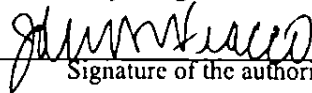
Add

Remove

Add

Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

John Fiacco

Typed or printed name of signee

Filing Fee: \$25.00