

L 070000 59889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

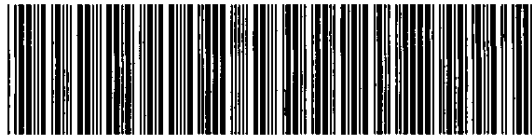
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900162307749

11/09/09--01055--008 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 DEC - 2 AM 10:52

T. HAMPTON  
DEC - 8 2009  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

Core Fitness

\_\_\_\_\_  
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:

Andy Luaces

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

Core Fitness

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

950 Brickell Bay Drive #2010

\_\_\_\_\_  
Address

Miami FL 33131

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

AndyLuaces@CoreFitnessMiami.com

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

For further information concerning this matter, please call:

Andy Luaces

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

at (305) 322-6277

\_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 DEC -2 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 10, 2009

ANDY LUACES  
950 BRICKELL BAY DR  
# 2010  
MIAMI, FL 33131

SUBJECT: CORE FITNESS LLC  
Ref. Number: L07000059889

We have received your document for CORE FITNESS 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 509A00035282

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Core Fitness LLC

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 DEC -2 AM 10:58

The Articles of Organization for this Limited Liability Company were filed on June 6, 2007 and assigned

Florida document number LO7000059889.

This amendment is submitted to amend the following:

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

Core Fitness Miami L.L.C.

The new name must be distinguishable and end with 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**)

950 Brickell Bay Dr. #2010  
Miami, FL 33131

Enter new mailing address, if applicable:

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

950 Brickell Bay Dr. #2010  
Miami, FL 33131

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

| Title | Name | Address | Type of Action                                                  |
|-------|------|---------|-----------------------------------------------------------------|
|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Typed or printed name of signee

09 DEC -2 AM 10:53  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS