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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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F.

MAY 17 2016 S. YOUNG

COVER LETTER

Division of Corp	orations				
SUBJECT: Coling	any Creations	by Rosie LLC nited Liability Company			
	O Name of Lim	nited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	Roseana	C0+40)			
		Name of Person			
	Flex Fitness	s and Food UC Firm/Company			
		Firm/Company			
	120 Eric (→ .			Ti.s
		Address		6	ECS
	Palm Coast	FL 32164		KAY 16 PH 1: 2	AHAS
	١.,	City/State and Zip Code		6	YES Y
		@ad,com		PH	
	E-mail address: (to be used for future annual report notifi	cation)		54
For further information cor	ncerning this matter, please ca	all:	•	27	1
Roseanne (10+40	at (386) 986-9	5140		
Name of I	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 Fe Certificate of S Certified Copy (additional copy is	tatus &	

MAILING ADDRESS:

TO:

Registration Section

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

Culinary Creations by	Kosu LLC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup_1 \& 0 \& 0 \& 0 \\ \)	1/2/200
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
Flex Fitness and Food LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	120 Eric Dr
(Principal office address MUST BE A STREET ADDRESS)	Palm Coast, FL 32164
,	- AS
Enter new mailing address, if applicable:	120 Bic Dr
(Mailing address MAY BE A POST OFFICE BOX)	Palm Cogst, FL 32164 5 STEE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
registered agent and/or the new registered office address nere	
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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	N	1embe	r

<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
······			□ Add
			☐ Remove
		****	□ Change Co
			Ghange CRLTARY Trodd That ASSE
			□ Remove Remove
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		ve time, at 12:01 a.m. on the earlier o
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o The 90th day after the record is filed.	Dated May 12th, 2016.	
The 90th day after the record is filed.		
The 90th day after the record is filed. 44α	Kosans Collo	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00