

A 16000000241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

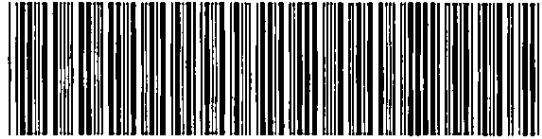
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form
missing pgs

2017 JUL -5 PM 4:38

Office Use Only



600298972326

06/06/17--01006--004 **30.00

07/10/17--01002--001 **31.25

11.11
17 AUG 25 PM 3:55
CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

S. WARREN

AUG 28 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2017

CASEY ROSQUETE
1105 DONNELL DR
PORT ORANGE, FL 32129

SUBJECT: STEEL MAGNOLIAS FITNESS, LP
Ref. Number: A16000000241

We have received your document for STEEL MAGNOLIAS FITNESS, LP and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 1 IS MISSING

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 617A00014222



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2017

CASEY ROSQUETE
1105 DONNELL DR
PORT ORANGE, FL 32129

SUBJECT: STEEL MAGNOLIAS FITNESS, LP
Ref. Number: A16000000241

We have received your document for STEEL MAGNOLIAS FITNESS, LP and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY COMPANY - LLC, but your entity is a LIMITED PARTNERSHIP - LP. Please complete and return the enclosed blank form(s).

There is a balance due of \$31.25.

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 817A00011669

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Steel magnolia Fitness
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Casey Rosquete
Contact Person

Steel magnolia's Wellness
Firm/Company

1105 Donnell Dr
Address

Port Orange, FL 32129
City, State and Zip Code

Steelmagwellness@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Casey Rosquete at (386) 747-1388
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☒ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

Steel magnolias Fitness, LP
Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 5-17-16, assigned Florida document number A16000000241, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

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

Steel magnolias Wellness, LP
New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:
(Must be STREET address)

601 Innovation Way
Suite 128
Daytona Beach, FL 32114

New Mailing Address: Same
(May be post office box)

1105 Donnell Dr
Port Orange, FL
32129

C. 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:

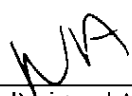
Name of New Registered Agent:

New Registered Office Address:

[Signature]
Enter Florida street address
_____, Florida
City
Zip Code
17 AUG 25 PM 3:55
FILED
CLERK OF COURT
PORT ORANGE, FL

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.



If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

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

N/A

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Cary R. Rutter

Signature(s) of all new or dissociating general partner(s), if any:

N/A

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

FILED
17 AUG 25 PM 3:55
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF DADE, FLORIDA