L02000025543

(Re	questor's Name)			
(Address)				
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(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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SECRETARY OF STATE
TALL AHASSEF, FLORID



J. BRYAN

MAY 18 2009

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: Elite Pe	ersonal Training, LL	C	•
		ited Liability Company)	_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Sheridan Rafer		
		(Name of Person)	
	Elite Personal Training,	LLC	SE TAL
	(Firm/Company)		
	5255 Monterey Circle #7	3	MAY 14 PH 1:54 ECRETARY OF STATE LLAHASSEE, FLORI
		(Address)	SEE T
	Deiray Beach, Florida 33	3484	FEST
	Donay Boads, Florida oc	(City/State and Zip Code)	PATE SE
			D
For further information (concerning this matter, please of	eall:	
Sheridan Rafer		at (561) 289-8017	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURIER	ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporation	ons
P.O. Box 6327		Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2009

SHERIDAN RAFER ELITE PERSONAL TRAINING, LLC 5255 MONTEREY CIRCLE #73 DELRAY BEACH, FL 33484

SUBJECT: ELITE PERSONAL TRAINING, LLC

Ref. Number: L02000025543



We have received your document for ELITE PERSONAL TRAINING, LLC 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is #L06000059048, PERSONALIZE YOUR FITNESS, LLC.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 109A00014922

Elite Personal Training, LLC 5255 Monterey Circle #73 Delray Beach, FL. 33484

May 8, 2009

To whom it may concern:

I recently sent a request to change the name of Elite Personal Training, llc to Personalize Your Fitness, llc. The request was denied (See Attached) due to unavailability. I am/was the owner of Personalize Your Fitness, llc, it was recently dissolved. I give permission for the release of Personalize Your Fitness, llc in order to complete the name change transaction. Please allow the change from Elite Personal Training, llc. to Personalize Your Fitness, llc.

Thank You,

Sheridan Rafer

O9 MAY 14 PM 1:54
SECRETARY OF STATE
AHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Personal Training, LLC			
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our d Liability Company)	records,)	
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>9/27/2002</u>	and assigned	
Florida document number <u>L02000025543</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
Personalize Your Fitness, LLC		•	
The new name must be distinguishable and end with the words "Li" L.L.C."	mited Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		- 3 6 8	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<u> </u>	
	<u> </u>	ARE A	
		SSR F	
Enter new mailing address, if applicable:		Fig. 7 M	
(Mailing address MAY BE A POST OFFICE BOX)		70 - 0	
		된 5	
	_	A	
B. If amending the registered agent and/or registered		ords, enter the name of the new	
registered agent and/or the new registered office address h	<u>ere</u> :	•	
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 = Man MGRM = M	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	* · · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
			Add Remove
	 		Add Remove
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if nece	essary.)
			O, SE,
Dated April 10	0 , 2009	·	FILE 09 MAY 14 PM SECRETARY OF S
	- ,	or authorized representative of a member	PM 1:54 OF STATE FLORIDA
	Sheridan Rafer	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00