

L04 000025064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

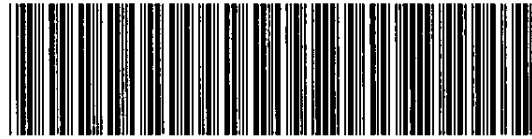
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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08/30/13--01034--002 \$60.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 OCT -2 PM 11:25

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L04-25064

OCT - 3 2013  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 3, 2013

LUCIANA ALMEIDA  
12240 SW 128 CT WAREHOUSE 110  
MIAMI, FL 33186

SUBJECT: BODY UP FITNESS, LLC  
Ref. Number: L04000025064

We have received your document for BODY UP FITNESS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

We received 2 amendments for the same company changing its name. If you are trying to file 2 name changes for the same company. We need to know which to file 1st and which to file 2nd.

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.

Tammi Cline  
Regulatory Specialist II

Letter Number: 613A00020774

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**Body Up International LLC**

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

Luciana Almeida

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

Body Up International LLC

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

12240 SW 128 CT, WAREHOUSE # 110

\_\_\_\_\_  
Address

Miami - Florida - ZIP: 33186

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

gilda@beup.com

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

For further information concerning this matter, please call:

Luciana Almeida

202 2814074

at (\_\_\_\_\_) \_\_\_\_\_

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

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TALLAHASSEE, FL 32301

Florida Department of State  
Response to Letter Number: 613A00020774

To whom it may concern:

I am sorry for the confusion. I need to change the name of two separate companies, one called Body Up Fitness LLC and another called Body Up International LLC. I would like to change the name of Body Up Fitness LLC to Be Up LLC and the name of Body Up International LLC to Be Up International LLC.

I am attaching a corrected versions of the two documents.

If you have any questions please feel free to call me directly at 305-252-7719 or email me at [Luciana@beup.com](mailto:Luciana@beup.com).

Sincerely,



Luciana Almeida

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2013 OCT -2 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/01/2004 and assigned Florida document number L04000025064.

This amendment is submitted to amend the following:

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

Be Up LLC  
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)

12240 SW 128th CT - suite 110  
Miami, FL 33186

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12240 SW 128th CT - suite 110  
Miami, FL 33186

**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:

Luciana Almeida

New Registered Office Address:

12240 SW 128th CT - suite 110

Enter Florida street address

Miami

City

Florida

33186

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.

Luciana Almeida  
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

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

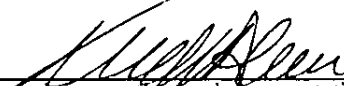
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Dated September 25, 2013.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Luciana Almeida  
\_\_\_\_\_  
Typed or printed name of signee

CLERK OF STATE  
MASSACHUSETTS

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