

**W4000092938**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H09000013902 3)))



H090000139023ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

2009 JAN 21 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**LIVINGWELL LADY N. MIAMI, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED  
09 JAN 21 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JAN 22 2009  
Help

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

H09000013902

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LIVINGWELL LADY N. MIAMI, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/23/2004 and assigned  
Florida document number L04000092938

This amendment is submitted to amend the following:

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

FITSOURCE WOMEN OF NORTH MIAMI, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2009 JAN 21 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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)

(City), Florida (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)

H09000013902

H09000013902

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
MGRM	Fitsource Management & Consulting Inc	15310 SW 8 Way Miami FL 33194	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mGRM	Yamin Meneses	15310 SW 8 Way Miami FL 33194	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mGRM	GCG Management LLC	8701 SW 110 St Miami FL 33174	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mGRM	Cynthia Honso	8701 SW 110 St Miami FL 33174	<input type="checkbox"/> Add <input checked="" 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

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

\_\_\_\_\_  
Yamin Meneses

\_\_\_\_\_  
Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

H09000013902

FILED

2009 JAN 21 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA