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S. YOUNG

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## **COVER LETTER**

TO:

Registration Section

Division of Corporations PILATES OF BOCA, 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: LAURA J. COHEN, ESQ. Name of Person ELLIS LAW GROUP, P.L. Firm/Company 4755 TECHNOLOGY WAY SUITE 205 Address BOCA RATON, FLORIDA 33431 City/State and Zip Code LAURA@ELLIS-LAW.COM E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: LAURA J. COHEN Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia	illity Company as it now appears on our rida Limited Liability Company)	'ecords, l
(A Flo	ida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability	Company were filed on FEBRUAR	y 21, 2006 and assigned
lorida document number 06000018953	·	
This amendment is submitted to amend the following		
A. If amending name, <u>enter the new name of the l</u>	mited liability company here:	
VAULT FITNESS BOCA, LLC		
he new name must be distinguishable and contain the words "I	imited Liability Company," the designation	"LLC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:	N/A	PEC F
<u>Principal office address MUST BE A STREET AD</u>	DRESS)	28
		<u> </u>
Enter new mailing address, if applicable:	N/A	6: 01 Carlon
Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office ac</li> </ol>		cords, enter the name of the
Name of New Registered Agent: N/A	·	
New Registered Office Address:		
	Enter Florida street e	iddress
<u> </u>		Florida
	Cny	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 605, 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

11 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

or removed from our records:	
MGR = Manager	
AMBR = Authorized Member	

<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			□ Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
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			☐ Remove
			□ Change

<del></del>	
·	
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot lote: If the date inserted in this block does not meet the ocument's effective date on the Department of State's respective.	be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 applicable statutory filing requirements, this date will not be listed
e record specifies a delayed effective date, t The 90th day after the record is filed.	out not an effective time, at 12:01 a.m. on the earlie
ated DECEMBER 31	

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Typed or printed name of signee

Filing Fee: \$25.00