L16000060870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

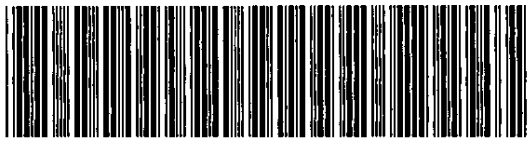
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300287674213

07/08/16--01007--011 **30.00

FILED
2016 JUL -8 A 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 11 2016
O. BRUCE

COVER LETTER

FILED

2016 JUL -8 A 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: **Registration Section**
Division of Corporations

SUBJECT: HEALTHCLUBEXPERTS.COM, LLC
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:

PAUL Bosley
Name of Person

HEALTHCLUBEXPERTS.COM
Firm/Company

7029 NORNE LANE
Address

MOUNT DORA, FL 32757
City/State and Zip Code

PAUL@HEALTHCLUBEXPERTS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL Bosley at (561) 702.5505
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)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HEALTHCLUBEXPERTS.COM, 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 6/15/2006 and assigned Florida document number L06000060870.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain 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)

7029 NORNE LANE
MOUNT DORA, FL 32757

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7029 NORNE LANE
MOUNT DORA, FL 32757

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:

FILED
2016 JUL -8 A 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

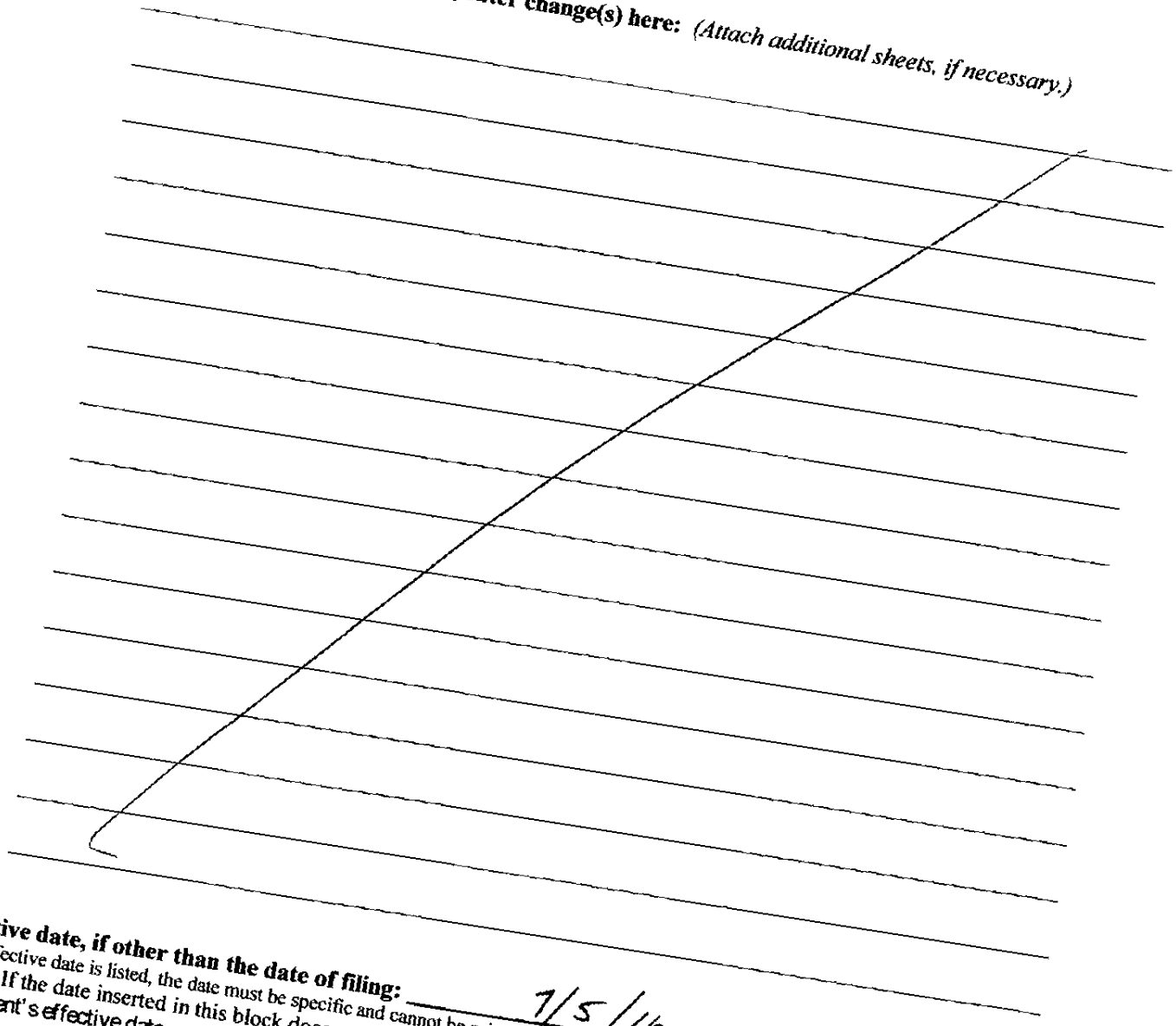
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

FILED
2016 JUL -8 A 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



FILED
2016 JUL -8 A 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 7/5/16 **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated