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SECKETANY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJE	CT:	Kidsan	dFitness.com, LLC		
			(Name of Lim	nited Liability Company)	
				•	
The encl	los e d	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn	all corresp	ondence concerning this matter	to the following:	
			Theresa (Teri) Sibai		
				(Name of Person)	
			Kidsandfitness.com, LLC	>	
				(Firm/Company)	
			13501 SW 136th Street,	Suite 203	
				(Address)	
			Miami, Florida 33186		
				(City/State and Zip Code)	
For furth	ner in	formation (concerning this matter, please c	all:	
Theresa	a (Te	ri) Sibai		at (305) 278-1700 / 305-4	409-0050
		(Name	of Person)	(Area Code & Daytime Telepho	
Enclosed	d is a	check for t	he following amount:		
☑ \$25. €	00 Fi	ling Fee	□\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Regist Division P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Taliahassee, FL 32301	

Theresa sibai 305-409-0050 Teri@ Kidsandfitness.com 305-278-1700

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited I	<u> Jiability Company as it now</u>	appears on our	records)	And the state of t	
(A)	Florida Limited Liability Corr	ipany)	(CCOTUSE)		
The Articles of Organization for this Limited Lia	bility Company were filed	on October 30,	2006	and assigned	İ
Florida document number L06000105365	Kidsandf	itness.c	om, uc		
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	the limited liability compa	ny here:			
,					
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability	Company," the d	esignation "LLC	" or the abbrev	iation
Enter new principal offices address, if applical	ble:				
(Principal office address MUST BE A STREET	ADDRESS)				

Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	OX)				
			5	Z 0	
B. If amending the registered agent and/or registered agent and/or the new registered offi		s on our recor	rds, <u>enter the</u>	name of the	new
				######################################	<u> </u>
Name of New Registered Agent:	Theresa si	bai	(; 		
New Registered Office Address:	13501 SW	136 ST	#203 [π ^π 34 (J
		(Enter Flori	da street addres	9/A 27	
	MIA, +	٦,	Florida 331	න්	
•	()		(Zip Code)	-
New Registered Agent's Signature, if changing Re	gistered 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	Teri Sibai	13501 SW 136th Street Suite 203 Miami, Florida 33186	Add Remove		
MGR	Theresa Sibai	13501 SW 136th Street Suite 203 Miami, Florida 33186	Add Remove		
			Add Remove		
			Add Remove		
	· · · · · · · · · · · · · · · · · · ·		Add Remove		
			Add Remove		
D. If am	nending any other information, ente	r change(s) here: (Attach additional sheets, if necess	ary.)		
	(official name of	hange from Teri Sibai	to		
	Theresa sibai)				
		<u> </u>			
			OB AUG		
Dated	August 8, 2008	 Boran	IL AM 8:		
	_	member or authorized representative of a member	27 NIE NIDA		
	Theresa Sibai Typed or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00