

L07000057331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

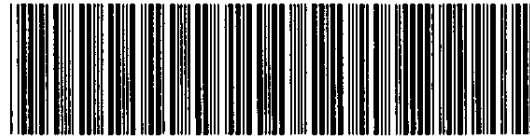
(Business Entity Name)

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2013 SEP -5 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W

SEP - 6 2013  
J. BRYAN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fountain of Youth Fitness, LLC  
Name of Limited Liability Company

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2013 SEP -5 PM 3:26  
TALLAHASSEE, FLORIDA  
REGISTRATION SECTION

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Twinatat D Paige

Name of Person

Fountain of Youth Fitness, LLC

Firm/Company

458 Lake Bridge Lane, #718

Address

Apopka, Florida 32703

City/State and Zip Code

tdcpaige@gmail.com

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

For further information concerning this matter, please call:

Twinata Demica Paige

Name of Person

at ( 407 ) 575-2822

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2013

TWINATAT D PAIGE  
FOUNTAIN OF YOUTH FITNESS, LLC  
458 LAKE BRIDGE LANE, #718  
APOPKA, FL 32703

SUBJECT: FOUNTAIN OF YOUTH FITNESS, LLC  
Ref. Number: L07000057331

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for FOUNTAIN OF YOUTH FITNESS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Joey Bryan  
Regulatory Specialist II

Letter Number: 013A00019717

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

Fountain of Youth Fitness, LLC

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

**FILED**  
2013 SEP -5 PM 3:26  
TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT

The Articles of Organization for this Limited Liability Company were filed on 05/30/2007 and assigned  
Florida document number L07000057331.

This amendment is submitted to amend the following:

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

Power of Wellness, 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)**

458 Lake Bridge Lane

#718

Apopka, Florida 32703

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

458 Lake Bridge Lane

#718

Apopka, Florida 32703

**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: Twinata Demica Paige

New Registered Office Address: 458 Lake Bridge Lane

*Enter Florida street address*

Apopka

*City*

Florida 32703

*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

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>                   |
|--------------|---------------|----------------------------|---|
| MGRM         | Daniel Miller | 247 North Westmonte Drive  | <input checked="" type="checkbox"/> Add |
|              |               | Altamonte Springs, Florida | <input type="checkbox"/> Remove         |
|              |               | 32714                      |   |
|              |               |                            | <input type="checkbox"/> Add            |
|              |               |                            | <input 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         |
|              |               |                            | <input type="checkbox"/> Add            |
|              |               |                            | <input type="checkbox"/> Remove         |

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SECRETARY OF STATE

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

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Dated August 11 2013



Signature of a member or authorized representative of a member

Twinata D Paige

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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