L07000096271

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09 APR 23 PM 2: 20

T. HAMPTON

APR 2 4 2009

EXAMINER

COVER LETTER

SUBJECT: CITY FIT	· 		
			
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	lan Harrison		
	821 12th St. W.		
	021 12th Ot. 44.	(Address)	
	Bradenton, Florida 34205		
	<u> </u>		
	,	City/State and Zip Code)	
For further information con	cerning this matter, please call	:	
		242 242	
lan Harrison (Name of)	Oargon)	at (941) 746-4443 (Area Code & Daytime Te	slanhana Numbar)
(Name of	retsoll)	(Area Code & Daytime Te	rephone Number)
Enclosed is a check for the	following amount:		
	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,
a 323.00 Fining Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CITY FITNESS LLC				
(Name of the Limite	d Liability Company A Florida Limited Lia	as it now appears on our recorbility Company)	<u>ds.</u>)	
The Articles of Organization for this Limited I	Liability Company w	ere filed on 09/20/2007	and ass	signed
Florida document number L07000096271	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabili	ty company here:		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited	I Liability Company," the designation	ation "LLC" or the	abbreviation
Enter new principal offices address, if appli	cable:	· • • • • • • • • • • • • • • • • • • •		
(Principal office address MUST BE A STRE			DI VE	
			APR	OSE I
Enter new mailing address, if applicable:			23	FILE ARY OF CO
(Mailing address MAY BE A POST OFFICE BOX)			PH	200 200 200 200 200 200 200 200 200 200
				IAI
			0	SNC
B. If amending the registered agent and registered agent and/or the new registered of		e address on our records, g	enter the name o	f the nev
Name of New Registered Agent:	lan Harrison			
New Registered Office Address:	821 12th St. W.			
		(Enter Florida str	reet address)	
	Bradenton		ida <u>34205</u>	<u> </u>
	ı	(City)	(Zip Coo	!e)

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>	Address	Type of Action
MGRM	Vincent M. Arrigo	3324 7th St. Circle W. Palmetto, FL 34220	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter chan	age(s) here: (Attach additional sheets, if necessary.)	SECRETA DIVISION OF 09 APR 2
			FILED STATE TARY OF STATE OF CORPORATIONS 23 PM 2: 20
Dated April 2	, <u>2009</u>		<i>5</i>
_	Signature of a memb	er or authorized representative of a member	~~~
-	lan Harrison		
	Type	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00