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## **COVER LETTER**

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TO: Registration Section Division of Corporations
SUBJECT: Ladies Workout Express Longwood LC (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:
Dand V Hidago (Name of Person)
(Firm/Company)
1401 imson Painct
APOPKA R 3717 (City/State and Zip Code)
For further information concerning this matter, please call:
Dand Hidalgo  at (My) 322 8367  (Area Code & Daytime Telephone Number) FG  ARR  ARR  ARR  ARR  ARR  ARR  ARR  A
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 \$ Certified Copy \$

## 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

### 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 **Title Name Address Type of Action** MGR Shannon Schmidt-Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary Dated authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00