

L07000123663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

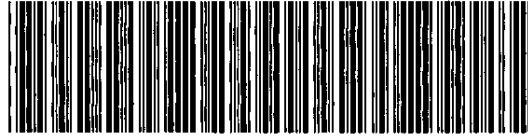
(Business Entity Name)

(Document Number)

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**EFFECTIVE DATE**  
06/05/15

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAY 29 PM 2:41  
TALLAHASSEE, FLORIDA

JUN 01 2015

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Vida Fitness 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:

Sean Keith

\_\_\_\_\_  
Name of Person

Vida Fitness LLC

\_\_\_\_\_  
Firm/Company

1651 Parrish Pl

\_\_\_\_\_  
Address

Jacksonville FL 32205

\_\_\_\_\_  
City/State and Zip Code

seank@vidafitness.net

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

For further information concerning this matter, please call:

Sean Keith

904 415-1429  
at ( )

\_\_\_\_\_  
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)

**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

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TALLAHASSEE, FLORIDA

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

Vida Fitness, 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 12/13/2007 and assigned  
Florida document number L07000123663.

This amendment is submitted to amend the following:

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

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)**

48 Osprey Village Dr.

Fernandina Beach, FL 32034

Enter new mailing address, if applicable:

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

1651 Parrish Pl.

Jacksonville, FL 32205

**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:

Sean Keith

New Registered Office Address:

48 Osprey Village Dr

*Enter Florida street address*

Fernandina Beach

Florida

*City*

32034

*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 605, 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 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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jason R Reynolds	609 Paradise Ct.	<input type="checkbox"/> Add
		Atlantic Beach FL 32233	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Jack W Reynolds	861384 North Hampton Club Way	<input type="checkbox"/> Add
		Fernandina Beach FL 32034	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Sean Keith should be the registered agent and ONLY authorized person. Please remove both Jason and Jack

Reynolds.

I also need to change my (Sean Keith) personal mailing address to: 1651 Parrish Pl., Jacksonville, FL 32205

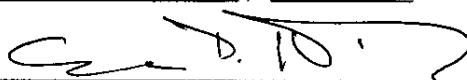
**E. Effective date, if other than the date of filing:** June 5, 2015 (optional)

(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 May 26, 2015



Signature of a member or authorized representative of a member

Sean Keith

Typed or printed name of signee

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