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(Re	equestor's Name)	
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(Cil	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
<b>\</b>	,	,
(DC	cument Number)	•
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECHETARY OF STATE
SECHETARY OF STATE

M. Thomas I IAN 2 0 2000

## COVER LETTER

	•	COVERLETTER	•	
TO: Registration So Division of Co				
SUBJECT: Neighbo	or Fitness LLC			
		ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	James Pridemore			
		(Name of Person)		
	Neighbor Fitness LL	(Firm/Company)		
	1130 Arrington Cir	(Address)		
	Oviedo, FL 32765	(1141135)		
		(City/State and Zip Code)		
For further information c	oncerning this matter, please c	all:		
James Pridemore (Name o	of Person)	at ( 407 ) 977-3686 (Area Code & Daytime	Telephone Number)	OR JAN 28 PR C. STATE SECRETARY OF STATE FLORID TALLAHASSEE. FLORID TALLAHASSEE.
Enclosed is a check for the	ne following amount:			N 28 PR C
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &	E PKS

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 OF

( <u>Name of the Limited Li</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)			
·	• •			
The Articles of Organization for this Limited Liabi	ility Company were filed on <u>January 17, 2008</u> at	nd assign	ed	
Florida document number <u>L0800006020</u>	<del></del>			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability company here:			
	ne words "Limited Liability Company," the designation "LLC" o	r the abbr	eviation	
"L.L.C."				
D. If amonding the resistened court and/on	monistrand office address on our monada anter the ma	6 41		
registered agent and/or the new registered office	registered office address on our records, <u>enter the na</u> e address here:	me of the	<u>ne new</u>	
Name of New Registered Agent:		<del>2</del> 0	0	
		SEC	08 JA	
Name of New Registered Agent:  New Registered Office Address:	(Enter Florida street address)	SECHETA	08 JAN 28	当
	(Enter Florida street address)	SECHETARY	08 JAN 28 F	FILED
		SECRETARY OF ALLAHASSER OF	08 JAN 28 PM	FLED
	, Florida	SECHETARY OF STA	08 JAN 28 PM 2:4	PLED.
	(City), Florida (Zip	SECRETARY OF STATE	08 JAN 28 PM 2: 40	FLEB
New Registered Office Address:  - New Registered Agent's Signature, if changing Regi	(City) , Florida, Zip	LORDA	PM 2: 40	FLED
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent the appointment as registered as	(City), Florida (Zip	comply v	PH 2: 40	FILED
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered agenthe provisions of all statutes relative to the propaccept the obligations of my position as registered	(City), Florida (City), (Zip istered Agent:  gent and agree to act in this capacity. I further agree to a and complete performance of my duties, and I am fanced agent as provided for in Chapter 608, F.S. Or, if this	comply validar will docume.	PH 2: 40 with	FLED
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered agenthe provisions of all statutes relative to the propaccept the obligations of my position as register being filed to merely reflect a change in the registered.	(City), Florida (City), (Zipustered Agent:  gent and agree to act in this capacity. I further agree to a cer and complete performance of my duties, and I am fanced agent as provided for in Chapter 608, F.S. Or, if this istered office address, I hereby confirm that the limited I	comply validar will docume.	PH 2: 40 with	FILED
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered agenthe provisions of all statutes relative to the propaccept the obligations of my position as registered	(City), Florida (City), (Zipustered Agent:  gent and agree to act in this capacity. I further agree to a cer and complete performance of my duties, and I am fanced agent as provided for in Chapter 608, F.S. Or, if this istered office address, I hereby confirm that the limited I	comply validar will docume.	PH 2: 40 with	FLED

(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 Joseph Dorleus 1140 Arrington Cir **✓** Add Oviedo FL 32765 Remove Remove Remove  $\square$ Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member James N. Pridemore Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00