(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



900134657959

08/29/08--01005--005 **55.00

G. MCLEOD

AUG 29 2008

MAMINER

COVER LETTER

SUBJECT: SUNSHINE F	FITNESS LAKE	ELAND, LLC	D
		ted Liability Company)	_
The enclosed Articles of Amendn	nent and fee(s) are subr	mitted for filing.	
Please return all correspondence of	concerning this matter	to the following:	
TOD	D D. WALKER		
		(Name of Person)	
TOD	D D. WALKER, P.A.		
- 		(Firm/Company)	
PO	BOX 623275		
1.0.	DOX 023273	(Address)	
a			
OVIE	EDO, FL 32762	(City/State and Zip Code)	
		(Chyrotate and Dip Code)	
For further information concerning	ng this matter, please ca	all:	
TODD D. WALKER		at (407 ₎ 977-1667	ı
. (Name of Person)	(Area Code & Daytime T	elephone Number)
٠			
Enclosed is a check for the follow	ving amount:		
	0.00 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:

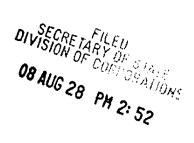
TO:

Registration Section

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



y Company as it now appears on	our records.)
Ellined Elability Company)	
Company were filed on March 2	20, 2008 and assigned
,	
	
nited liability company here:	
ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
RESS)	
·	
stered office address on our	records, enter the name of the ne
<u>lress here</u> :	
<u></u>	
•	
(Enter	Florida street address)
,	Florido
(City)	, Florida(Zip Code)
	RESS) stered office address on our iress here: (Enter

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.

(MITO

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	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
	·		Add Remove	
D. If amendin	g any other information, enter change	(s) bere: (Attach additional sheets, if necessary.)	_	
-			_	
Dated August 2	2008			
	Seelings to	will		
_	Signature of a member of	or authorized representative of a member		
	TODD D. WALKER, AGE	NT		
	Typed o	r printed name of signee		

Page 2 of 2

Filing Fee: \$25.00