

L08000033054

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(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
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J. BRYAN

NOV 18 2008

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Florida Fitness 3, 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:

Dave LaGree  
(Name of Person)

Anytime Fitness  
(Firm/Company)

2522 N. McMullen Booth Road  
(Address)

Clearwater, FL 33761  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Dave LaGree at ( 727 ) 432-3245  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

Florida Fitness 3, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on April 1, 2008 and assigned  
Florida document number L08000033054.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

2522 N. McMullen Booth Road

**(Principal office address MUST BE A STREET ADDRESS)**

Clearwater, FL 33761

**Enter new mailing address, if applicable:**

2522 N. McMullen Booth Road

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

Clearwater, FL 33761

**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:

David LaGree

New Registered Office Address:

2522 N. McMullen Booth Road

*(Enter Florida street address)*

Clearwater

*(City)*

, Florida 33761

*(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 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.*

David LaGree

*(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>	<u>Address</u>	<u>Type of Action</u>
MGR	Kellie McGee	1988 Promenade Way Clearwater, FL 33760	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Christopher Naples	429 Cypress View Dr Oldsmar, FL 34677	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Eric LaFleur	19 First St Windham, NH 03087	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Dated November 13, 2008

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Eric LaFleur  
\_\_\_\_\_  
Typed or printed name of signee