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To: Division of Corporations Fax Number : {850}617-6383
From:

Account Name	: SUSAN M. BUDOWSKI
Account Number	: 120020000082
Phone Fax Number	: 12002000082 : 1407) <del>202-1092-</del> 590-7565 : 1407) 540-9696

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

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EXAMINER

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### **COVER LETTER**

TO: **Registration Section Division of Corporations** chica LLC. SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan M. Budowski, Esq

(Firm/Company) 1022a Grande Ave. Suite 309 6996 Orlando, FL 32835 (City/Sinte and Zip Code)

For further information concerning this matter, please call:

QUISKI al (407 590.7565 (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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2008-05-12 16:04:00 (GMT)

Budowski From: Susan M Budowski, Esq.

## H08000126998 3 ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF Vertical mpany as it now appears on our records, ited Liability Company) (Name of the Limited 2008 and aggined The Articles of Organization for this Limited Liability Company were filed on $Q \rho m$ Un Florida document number L080000334900 MAY 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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:

	(City)	(Zip Code)
		_, Florida
New Registered Office Address:	(Enter Flo	rida street address)
Name of New Registered Agent:		

#### 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)

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# 11080001269983

### 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
MGRM	Jennier Arns	2751 Old Winter Garden Rd Deoce, FL 34760	Add Remove
MGR	Jennifer Arns	2751 Old Winter Barden Rd ORDER, FL 34761	Add Remove
MGR	Shelley Smith	2751 Old Wirter Garden Rd Ococe, FL 3476	Add Remove
<u></u>			Add Remove
	<u></u>		Add Remove
			Add Remove

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

Management de Shall be ompany Manager manged 0 Ompar 8 Shall 3 MAY 12 4 Viana Dmaa Viember 2008 喇 2 M Gâi m 1 Dated œ Signature of a member or tative of a member authorized re Susan M. Budowski Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00

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