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◆ COVER LETTER

TO: Registration Division of C	Section Corporations	
	ness LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corre	espondence concerning this matter to the following:	
	Michelle Richards	
	Name of Person	
	Step Fitness LLC	
	Firm/Company	
	4196 West US HWY 90 Ste 111	
	Address	
	Lake City, FL 32055	
	City/State and Zip Code	
	stepfitnessllc@yahoo.com	
	E-mail address: (to be used for future annual report notification)	
For further information	on concerning this matter, please call:	
Michelle Richards	386 208-2447	
Nar	ne of Person Area Code Daytime Telephone Number	
Enclosed is a check f	or the following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Step Fitness LLC					
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears on our re Liability Company)	ecords.)		
The Articles of Organization for this Limited L lorida document number L-08000036244	iability Company	were filed on $\frac{3/18/2008}{}$		_ and as	signed
his amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
he new name must be distinguishable and contain the v	vords "Limited Liabil		*** ** **	eviation "I	L.C."
nter new principal offices address, if applic	able:	4196 West US HWY 90 S	Ste. 111 💢 🖰		-77
Principal office address MUST BE A STREE	TADDRESS)	Lake City, FL 32055	ýr.ôň	1.2	Parista.
			30 A	<u> </u>	}
ater new mailing address, if applicable:		4196 West US HWY 90 S		لب	0
Mailing address MAY BE A POST OFFICE	BOX)	Lake City, FL 32055	RATE D.	08	
				.spih.	
			* '		
s. If amending the registered agent and egistered agent and/or the new registered or			cords, <u>enter th</u>	e name	of the_
Name of New Registered Agent:	Michelle Richa	rds			
New Registered Office Address:	215 SW Phillis	Circle			
		Enter Florida street a	ddress		
	Lake City		_, Florida <u>3202</u>	4	
		City		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.

Michelle Richards

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>	Address	Type of Action
AMBR	`George Haas	10724 184th Street McAlpin, FL 32	■ Add
		_ 	□ Remove
			Change
MGR	Tony Richards	1	
		/62 SW Pinemount Rd Lake City, F.	■ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
		(I)	Change
		E. FLORIUA	Remove Change

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Filing Fee: \$25.00