

LD8000048505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

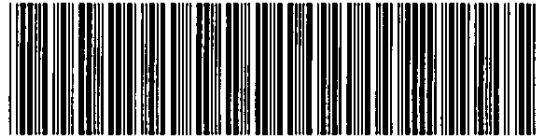
Special Instructions to Filing Officer:

L. SELLERS

SEP - 8 2009

EXAMINER

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GETONMYLEVELFITNESS 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:

ROBERT HERSHENHORN

Name of Person

H G HOLDAM INSURANCE & TAX ACCOUNTING

Firm/Company

3830 JOG ROAD

Address

LAKE WORTH, FLORIDA 33467

City/State and Zip Code

ROBERTH@FDN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEIDI HOLDAM

Name of Person

at (561)

434-4451

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

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

GETONMYLEVELFITNESS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 5/14/2008 and assigned
Florida document number L08000048505.

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."

Enter new principal offices address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

905 US HWY. STE. J
LAKE PARK, FL 33403

Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

905 US HWY. STE. J
LAKE PARK, FL 33403

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:

ROBERT HERSHENHORN

New Registered Office Address:

3830 JOG ROAD

Enter Florida street address

LAKE WORTH

, Florida

City

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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TALLAHASSEE FLORIDA
SECRETARY OF STATE

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:

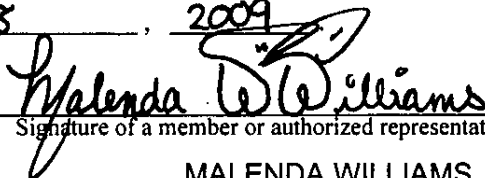
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MALEND A WILLIAMS	104 CLUB DR PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ROBERT HERSHENHORN	3830 JOG ROAD LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ANTHONY THOMPSON	905 US HWY. STE. J LAKE PARK, FL 33403	<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.)

Dated August 28, 2009



Signature of a member or authorized representative of a member

MALEND A WILLIAMS

Typed or printed name of signee

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