

L080000048505

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY - 3 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GET ON MY LEVEL FITNESS, 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:

ANTHONY THOMPSON

Name of Person

GET ON MY LEVEL FITNESS, LLC

Firm/Company

905 US HWY 1, SUITE J

Address

LAKE PARK, FL 33403

City/State and Zip Code

GOMLFT@GMAIL.COM

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

For further information concerning this matter, please call:

ANTHONY THOMPSON

Name of Person

at (561)

339-8372

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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TALLAHASSEE, FLORIDA

**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 5/14/08 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:

GET ON MY LEVEL FITNESS, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FLORIDA

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:

MALEND A WOODS WILLIAMS

New Registered Office Address:

905 US HWY 1, SUITE J

Enter Florida street address

LAKE PARK

Florida

33403

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 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.

MALEND A WOODS WILLIAMS
Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>ROBERT HERSHENHORN</u>	<u>1171 PINWOOD LAKE CT</u> <u>GREENACRES, FL 33415</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>ANTHONY THOMPSON</u>	<u>905 US HWY 1, SUITE J</u> <u>LAKE PARK, FL 33403</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>ANTHONY THOMPSON</u>	<u>905 US HWY 1, SUITE J</u> <u>LAKE PARK, FL 33403</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>TAYREL WILLIAMS</u>	<u>905 US HWY 1, SUITE J</u> <u>LAKE PARK, FL 33403</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>KEVIN WILLIAMS</u>	<u>905 US HWY 1, SUITE J</u> <u>LAKE PARK, FL 33403</u>	<input checked="" 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 **APRIL 07** 2010

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ANTHONY THOMPSON

Typed or printed name of signee

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Filing Fee: \$25.00

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