L08000059078

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
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(Business	Entity Name)
(Documer	t Number)
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C. LEWIS

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EXAMINER

COVER LETTER

TO: Registration Se Division of Con		•
SUBJECT: COO	SSFIT Palm Beach L.L. C Name of Limited Liability Company	
;	·	
	•	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspondent	ondence concerning this matter to the following:	
	John Annunziata	
- ,	Name of Person	,
	HERD EXPRISE WORKS	
	10358 Riverside DR #140	
	Palm Beach Gardens, Fl 33410 City/State and Zip Code	
	John & Hard Exercise works.com E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
John Anne	at (561) 627-7277 Area Code & Daytime Telephone Number	
Enclosed is a check for t	he following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	osed)

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

FILED

2010 AUG - 2 PM 图: 44 STORTARY OF STATE Liability Company as it now appears on our records) LAHAS Florida Limited Liability Company) and assigned Florida document number <u>L08000059079</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: xercise (LDR) 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) 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: New Registered Office Address: Enter Florida street address 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.

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 **Title** <u>Name</u> Type of Action <u>Address</u> □ Add Remove] Add Remove Remove Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00