L08000082294

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(Address)

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(City/State/Zip/Phone #)

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(Document Number)

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TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 27 2011

EXAMINER

TO: **Registration Section**
Division of Corporations

SUBJECT: Legacy Fit, 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:

Jonathan Sumner
Name of Person

Legacy Fit, LLC
Firm/Company

77 NE 24th Street
Address

Miami, FL 33137
City/State and Zip Code

gabrielle@madeyoufamous.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabrielle Bozza at (305) 860-0633
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- [x] $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

TO
ARTICLES OF ORGANIZATION
OF

Legacy Fit, 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 08/28/08 and assigned Florida document number L08000082294.

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)

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

_____, **Florida** _____
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

of Managing Member being added or removed from our records.

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Mark Gordon	3451 NE 1st Avenue Suite M402 Miami, FL 33137	☐ Add ☑ Remove
MGRM	Joseph Stempien	14441 SW 285 St Homestead, FL 33033	☒ Add ☐ Remove
MGRM	Core Holding LLC	1680 Michigan Ave PH5 Miami, Beach, FL 33139	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated ~~November 29~~ December 31, 2011, 2011.

Signature of a member or authorized representative of a member

Mark M. Gordon

Typed or printed name of signee

Filing Fee: $25.00