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Certified Copies	_ Certificates	s of Status
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D. BRUCE

JUL 16 2009

EXAMINER



COVER LETTER

TO: Registration So Division of Co		
SUBJECT:	FH Kids of Miami, LLC. Name of Limited Liability Company	
	·	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Deborah Minogue Name of Person	
	Form Fitness Lab, U.C.	
	17900 North Bay Rd, #603	
	Sunny Isles, Florida 33160 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please call:	
Debovah Name o	Minague at (786) 389-8493 Area Code & Daytime Telephone Number 27 6	
Enclosed is a check for t	To a large state of the state]
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	d)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 3, 2009

4. 3

DEBORAH MANOGUE 17900 NORTH BAY RD. APT 603 SUNNY ISLES, FL 33160

SUBJECT: FIT KIDS OF MIAMI, LLC

Ref. Number: L08000090766

Memo #: 96208-D

This letter is to inform you that your check number 102 for \$61.25, which was dated May 6, 2009 and submitted for FIT KIDS OF MIAMI, LLC has been returned to us by your bank because of NONSUFFICIENT FUNDS.

We are notifying you because our records indicate that the paperwork for FIT KIDS OF MIAMI, LLC has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of \$76.25, as we cannot take credit card information over thephone. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation Attn: DEBORAH BRUCE P.O. Box 6327 Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6900.

Melinda Lilliston Administrative Assistant Bureau of Commercial Recording 09 JUL 16 AM 11: 34
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 12, 2009

DEBORAH MANOGUE 17900 NORTH BAY RD, APT 603 SUNNY ISLES, FL 33160

SUBJECT: FIT KIDS OF MIAMI, LLC

Ref. Number: L08000090766

We have received your document for FIT KIDS OF MIAMI, LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Effective July 1, 2007, the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 409A00016066 AFILARY OF STA

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

TI+ Kids of Midmi	, LLC.			
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) iability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{9/23/08}{}$ and assigned			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	SECRETARY ALLAHASSE			
	nity company nere:			
Torm Fitness Laby Labrary The new name must be distinguishable and end with the words "Limit 'L.L.C."	red Liability Company," the designation EC" of the abbreviation			
Enter new principal offices address, if applicable:	TAGO NOAH POU Pd #603			
(Principal office address MUST BE A STREET ADDRESS)	Sunny Isles, Florida			
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	33160 17900 North Bay Rd #603 Sunny Isles, Flondo 33160			
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: Deboy	ah Minogue			
New Registered Office Address: 1790C	North Boy Rd, #603 Enter Florida street address			
Sum	TSles , Florida 33160 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM	= Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Cormen McDonald	1900 North Bay Rd #60 Sunny Isles, Florida 33160	Add Remove
······································			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If am	ending any other information, enter chang	77	
Dated	05/25/09 70 May 25	X9.	34
	Signature of a member	r or authorized representative of a member MCDOOOL or printed name of signee	<u></u>

Page 2 of 2

Filing Fee: \$25.00