

✓  
L08000102078

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800212214628

10/31/11--01022--016 \*\*55.00

FILED  
11 OCT 31 PM 4:24  
STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 1 - 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Old Town 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:

Stacie Eggers  
Name of Person

Old Town Fitness  
Firm/Company

1010 Truman Avenue  
Address

Key West, FL 33040  
City/State and Zip Code

stacious1@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacie Eggers at (305) 731-6495  
Name of Person 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

FILED  
11 OCT 31 PM 4:26  
TALLAHASSEE, FLORIDA

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

Old Town Fitness, 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 10/31/2008 and assigned Florida document number L08000102078

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)

RECEIVED  
11 OCT 31 PM 4:26  
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:

Stacie Eggers

New Registered Office Address:

1010 Truman Avenue

Enter Florida street address

Key West

City

Florida

33040

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.

[Signature]  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Courtney P. Aman	822 Sawyer Lane Key West, FLA 33040	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Greg Delong	1010 Truman Ave. Key West, FL 33040	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Frank Dunne	1010 Truman Ave	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Stacie Eggers	1010 Truman Ave Key West, FL 33040	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Robert Eggers	1010 Truman Ave. Key West, FL 33040	<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 October 25, 2011.

Robert Eggers  
Signature of a member or authorized representative of a member  
Robert Eggers  
Typed or printed name of signer

11 OCT 31 PM 4:26  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 11/13/11 BY 60322 UCBAW