

L 09000034957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

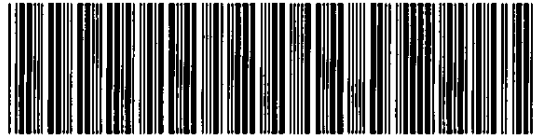
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -3 AM 10:14

B. KOHR

DEC - 7 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cupcakes 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:

Crystal Healy

Name of Person

Stiletto Dance & Fitness, LLC

Firm/Company

PO Box 881071

Address

Port Saint Lucie, FL 34988

City/State and Zip Code

crystal@stilettofitness.com

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

For further information concerning this matter, please call:

Crystal Healy

Name of Person

at (**772**)

626-9757

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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -3 AM 10:14

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -3 AM 10:14

Cupcakes 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 04/10/2009 and assigned
Florida document number L09000034957.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Stilettos Dance & 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:

313 SW Coconut Key Way

(Principal office address MUST BE A STREET ADDRESS)

Port Saint Lucie, FL 34986

Enter new mailing address, if applicable:

PO Box 881071

(Mailing address MAY BE A POST OFFICE BOX)

Port Saint Lucie, FL 34988

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:

Crystal Healy

New Registered Office Address:

313 SW Coconut Key Way

Enter Florida street address

PORT SAINT LUCIE

Florida

34986

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

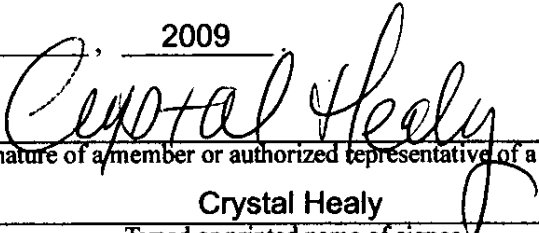
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

**MGR = Manágér,
MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jacqueline Nappi	1997 SW Golden Ave Port Saint Lucie, FL 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Natalie Mcelrath	3709 SW Haines St Port Saint Lucie, FL 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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 December 1, 2009



Signature of a member or authorized representative of a member

Crystal Healy
Typed or printed name of signee