## L09000055198

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C. LEWIS

Oct 13 2009

EXAMINER

## **COVER LETTER**

TO:	Division of Co	orporations	
Ç		44.	- Phase II O
SUBJI	ECT:		e Fitness, LLC ited Liability Company
		Name of Lin	ned Liability Company
The en	closed Articles o	of Amendment and fee(s) are su	bmitted for filing.
Please	return all corresp	oondence concerning this matter	r to the following:
			Crystal J. Brokaw
	4		Name of Person
		<u></u>	
	. •		Firm/Company
			P.O. Box 182143 Address
			Casselberry, FL 32718  City/State and Zip Code
		b	rokaw07@gmail.com
For fur	ther information	concerning this matter, please of	to be used for future annual report notification)
	<u> </u>	rstal J. Brokaw of Person	at ( 202 ) 215-8080  Area Code & Daytime Telephone Number
Enclose	ed is a check for	the following amount:	
□\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations 30x 6327 tassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



September 30, 2009

CRYSTAL J. BROKAW GROOVE FITNESS, LLC P.O. BOX 182143 CASSELBERRY, FL 32718

SUBJECT: GROOVE FITNESS, LLC

Ref. Number: L09000055198

We have received your document for GROOVE FITNESS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

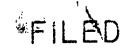
Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 909A00031804

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2009 OCT 12 PM 12 49

(Name of the Limited	Groove Fitr Liability Compan Florida Limited L	ness, LLC ny as it now appea lability Company)	SECRE rs on our recordsAH	TARY OF STATE ASSEE.FLORIDA
The Articles of Organization for this Limited L Florida document numberL0900005		were filed on	June 08, 2009	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company he	<u>re</u> :	
sc	OULphisticated	Fitness, LLC		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applic	able:	(same as pre	evious)	
(Principal office address MUST BE A STREE	and the following:  We name of the limited liability company here:  SOULphisticated Fitness, LLC  and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation  In if applicable:  (same as previous)  ASTREET ADDRESS)  cable:  (same as previous)  OFFICE BOX)  gent and/or registered office address on our records, enter the name of the new distered office address here:  Sent:  N/A  Enter Florida street address  Florida  Fiorida			
Enter new mailing address, if applicable:		(same as pre	vious)	
(Mailing address MAY BE A POST OFFICE	BOX)	<del></del>	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/ registered agent and/or the new registered of  Name of New Registered Agent:	ffice address her		our records, enter	the name of the new
	N/A			
Tre translation of the translation.				dress
			Fioride	
		City	, riviida	Zip Code
Name Danistanad Amerika Signatura is abandura l				

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, name, and address of each Manager or Managing Member being added or removed from our records</u>:

RM = I	anager Managing Member		
<u>le</u>	<u>Name</u>	Address	Type of Action
<del></del>	N/A	·	Add
			Add Remove
<del></del>	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
<del></del> -			AddRemove
			Add
famen —	ding any other information, e	nter change(s) here: (Attach additional sheets, if necessar	
			2009 OCT 12 PM 1: 49  SECRETARY OF STATE TALL AHASSEE FLORIDA
	September 25		翌日
d		2 1Ch lad	CT 12 PM

Page 2 of 2

Filing Fee: \$25.00