## LOADO JOJOAJ

(Re	equestor's Name)	·				
(Address)						
(Address)						
(Cit	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nar	me)				
(Do	ocument Number)					
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
	·					

Office Use Only



900236591559

06/22/12--01016--015 \*\*25.00

SECRETARY OF STATE OF CORPORATIONS DIVISION OF CORPORATIONS

D. BRUCE
JUN 26 2012
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: 40 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:		
Daniel Nyiri		
Name of Person  40 Fitness, LLC Firm/Company		
4908 Longboat Blvd	72	VVIQ.
Tampa, FL 33(0)5  City/State and Zip Code	2 JUN 22	ECRETAF
E-mail address: (to be used for future annual report notification)		CORPO
For further information concerning this matter, please call:	PM 2: 49	STATE
Daniel Nyri at 773 969-0128  Name of Person (173 969-0128)  Area Code & Daytime Telephone Number	<b>.</b>	X.
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additional copy		ed)

**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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

40		ess, LLC			
(Name of the Limited	I Liability Company A Florida Limited Lia	y as it now appears ability Company)	on our records.)		
The Articles of Organization for this Limited L		were filed on	0/19/00	and assign	ed
This amendment is submitted to amend the foll	lowing:				
A. If amending name, enter the new name of	of the limited liabil	ity company here	•		
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limite	ed Liability Compan	y," the designation "	'LLC" or the abb	reviation
Enter new principal offices address, if applic	cable:				
(Principal office address MUST BE A STREI	ET ADDRESS)				· CT
				~	- <u>3</u> 8
Enter new mailing address, if applicable:				DN 22	CRETAR ION OF
(Mailing address MAY BE A POST OFFICE	BOX)			P 2	200 200 200
				2:49	STATE
B. If amending the registered agent and/ registered agent and/or the new registered o			ır records, <u>enter</u>	the name of t	ho new
Name of New Registered Agent:	Dan	riel N	livi		<del></del>
New Registered Office Address:	4908	Longbeat	er Florida street ad	 Idress	
	Tamp	Oa. City	, Florida _	3365 Zip Code	<u></u>
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 = Manager

MGRM = Managing Member **Type of Action** Title **Address** Name 1 ☐ Add Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00