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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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T. CLINE
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EXAMINER

COVER LETTER

TO:

| TO: | Registration S Division of Co | | | • | |
|--|----------------------------------|---|---|--|-----------------|
| SUBJECT: Teen Fitness International, LLC | | | | | |
| Name of Limited Liability Company | | | | | |
| The en | closed Articles o | f Amendment and fee(s) are su | bmitted for filing. | | |
| Please | return all corresp | condence concerning this matte | r to the following: | | |
| | | | Barbara McBride | | |
| | | | Name of Person | | |
| | | South Be | each Tax & Financial S | Services | |
| | | | Firm/Company | | |
| | | | 320 Osceola Avenue | | |
| | | | Address | | |
| | | Jack | sonville Beach, FL 32: | 250 | |
| | | | City/State and Zip Code | | |
| | | <u>j.</u> | preski@tekdrive.com | | |
| For furt | her information | E-mail address: (concerning this matter, please (| to be used for future annual reportable. | 241-2533 Payting Telephone Number | 90 i n r |
| | Bai | bara McBride | at (904)_ | 241-2533 241-2533 | รี ว |
| <u> </u> | | of Person | | Bayamo reteptione runtoet | |
| Enclose | d is a check for t | the following amount: | | OF STATE | , |
| √] \$25. | 00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is con | \$60.00 Filing Fee, Certificate of Status & | |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Registration Division of C Clifton Build 2661 Execut | Corporations | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Teen titness I | international, LLI | <u> </u> | | |
|--|---|--------------------------------|---|--|
| (<u>Name of the Limited Liabilit</u> (A Florida | ty Company as it now appears on calcimited Liability Company) | our records.) | | |
| The Articles of Organization for this Limited Liability of Florida document number <u>LO90001147</u> | | 02 09 and assig | ned | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | | | |
| The new name must be distinguishable and end with the world.L.C." Enter new principal offices address, if applicable: | | ne designation "LLC" or the ab | oreviation | |
| (Principal office address MUST BE A STREET ADD | <u>RESS)</u> | | | |
| · · · · · · · · · · · · · · · · · · · | | SECRE | 12 12/14 | |
| Enter new mailing address, if applicable: | | <u> </u> | o de la compania del compania del compania de la compania del compania del compania de la compania de la compania de la compania de la compania del compania | |
| (Mailing address MAY BE A POST OFFICE BOX) | | SSS. | ASSAC ASS. | |
| B. If amending the registered agent and/or regis | stered office address on our re | ecords, enter the name of | the new | |
| registered agent and/or the new registered office add | i cas nei ci | محتز | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Flo | orida street address | | |
| | | | | |
| | 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 = Manager

MGRM = Managing Member Title Name Address Type of Action Womens htness Magazine 10200 6 and Womans Fitness 100 Magazine Specials, Inc. \$\frac{\pmathbb{H}}{2} 10200 Gandu 🗖 Remove ☐ Add Remove Remove 41. (-) Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated December 2010 Signature of a member or authorized representative of a member teski Typed or printed name of signee