

L10000015176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

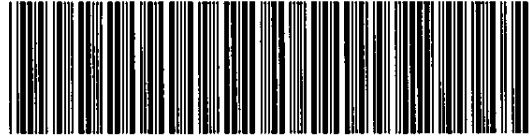
(Business Entity Name)

(Document Number)

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FILED
15 FEB -5 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED FEB 12 2015

Deborah Leible

> Doctor of Chiropractic

January 29, 2015

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Notice of amendment to Healthyfitt, LLC. If there are any questions please call
Deborah C. Leible, DC, at 631-871-7701

Sincerely,
Deborah Leible

8090 Sorrento Lane, Ste 3
Naples, FL 34114

239-732-7625
Drleible88@aol.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Healthyfitt 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:

Deborah Catherine Leible

Name of Person

Healthyfitt LLC

Firm/Company

8090 Sorrento Lane Suite 3

Address

Naples, FL 34114

City/State and Zip Code

drleible88@aol.com

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

For further information concerning this matter, please call:

Deborah C. Leible at 239 732-7625
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

Healthyfitt 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 02/10/2010 and assigned
Florida document number L10000015176.

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)

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:

Deborah C. Leible

New Registered Office Address:

8090 Sorrento Lane Suite 3

Enter Florida street address

Naples

City

, Florida

34114

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Deborah Catherine Leible	7719 Hernando Court	<input type="checkbox"/> Add
	TRUSTEE OF THE DEBORAH CATHERINE LEIBLE TRUST DATED 4/22/2009.	Naples, FL 34114	<input checked="" type="checkbox"/> Remove
MGRM	Deborah C. Leible	8090 Sorrento Lane Suite 3	<input checked="" type="checkbox"/> Add
		Naples, FL 34114	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

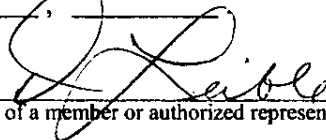
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 29

2015



Signature of a member or authorized representative of a member

Deborah C. Leible

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA