

L10000031175

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
10 SEP 23 AM 10:46

W. Culligan SEP 24 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Heart 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:

Lewis Ashton

Name of Person

Heart Fitness LLC

Firm/Company

1914 Lochshyre Loop

Address

OCOE FL 34761

City/State and Zip Code

LOW 99 34743 @YAHOO.COM

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

For further information concerning this matter, please call:

Lewis A Ashton

Name of Person

at (321) 297-9241

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 SEP 23 AM 10:46

Heart 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 05/04/2010 and assigned
Florida document number 10000031175

This amendment is submitted to amend the following:

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

Shaped For Life 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:

(Principal office address MUST BE A STREET ADDRESS)

1914 Lochshyre Loop
Ocoee FL 34761

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1914 Lochshyre Loop
Ocoee FL 34761

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:

Lewis A Ashton

New Registered Office Address:

1914 Lochshyre Loop

Enter Florida street address

Ocoee

City

Florida

34761

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
MGRM	Melany Ashton	1914 Lochshyre Loop Okeechobee FL 34761	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lori Ford	125 Georgetown Dr Casselberry FL 32707	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 9-20-10

Lewis A Ashton
Signature of a member or authorized representative of a member

Lewis A Ashton
Typed or printed name of signee

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