L1000005a19a

(Requestor's Na	ame)			
(Address)				
(Address)				
(City/State/Zip/F	Phone #)			
PICK-UP WAI				
(Business Entity	y Name)			
(Document Number)				
Certified Copies Certifi	cates of Status			
Special Instructions to Filing Officer:				

Office Use Only



000185471900

000185471900 09/20/10--01050--007 **30.00



S. HAWKES

SEP 2 1 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Fitness Chef, 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:
Joseph D. Mackay
The Fitness Chef, LLC
5621 Brooklyn Ane
SARASOLA FL 3423] City/State and Zip, Code
Chetmackay @ Jahoo, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joseph D. Mackay at (941) 356-4658 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certificate of Status & 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

The Fi	Luess	Chef,	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 Liab		filed on MAY 1	3, 2010 and Assigned			
This amendment is submitted to amend the follow	ring:		ب			
A. If amending name, enter the new name of the predation	n Spo	rts, LL	-C			
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Lia	bility Company," the de	signation "LLC" or the abbreviation			
Enter new principal offices address, if applicab		5621 - SARASOTI	Brooklyn Are			
(Francyzu Office universi MOST BE A STREET	<u> </u>	34931				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	5621 BI SARASOT 3-1231	rookly Are			
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:	SAMP	AgenT				
New Registered Office Address:		Enter Florid	a street address			
	. Florida					
	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 of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
	·		Add Remove		
			_ 6 S		
			Remove		
			TAdd v.		
			Add		
			Remove		
,	· · · · · · · · · · · · · · · · · · ·		Add Remove		
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)			
Dated	9/16 .20	<u>510</u> .	-41		
 _	Chil D	per or authorized representative of a member	*		
	Jose	$\sim 0.1 \text{ M}$	AND ASSESSED OF THE PARTY OF TH		

Page 2 of 2

Filing Fee: \$25.00