

L10000055284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

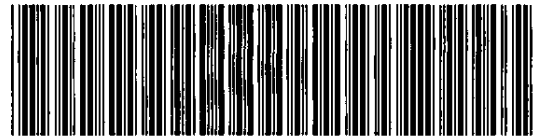
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CUNE

NOV - 1 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2010

VICTORIA MCDOWELL
1105 SADDLEBROOKE RIDGE
JACKSON, MO 63755

SUBJECT: HEALTH FIT SCREENING, P. L. L. C.
Ref. Number: L10000055284

We have received your document for HEALTH FIT SCREENING, P. L. L. C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 610A00021789

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Health Fit Screening, P.L.L.C.
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:

Victoria McDowell

Name of Person

Health Fit Screening, P.L.L.C.

Firm/Company

1105 Saddlebrooke Ridge

Address

Jackson MO 63755

City/State and Zip Code

vmcdowell@healthfitscreening.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT 29 PM 3:32

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For further information concerning this matter, please call:

Victoria McDowell

Name of Person

at (573)

243-7417

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**

Health Fit Screening, P.L.L.C.

(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 May 21, 2010 and assigned
Florida document number L10000055284.

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)

25 La Grande Blvd.

The Villages, FL 32159

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:

Victoria McDowell

New Registered Office Address:

25 La Grande Blvd.

Enter Florida street address

The Villages

Florida

32159

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.

Victoria McDowell, CEO
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

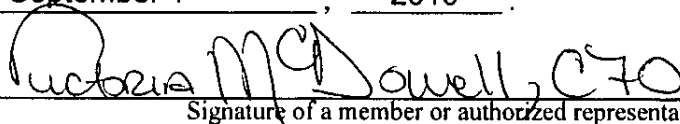
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRES.</u>	<u>Robert McDowell</u>	<u>1105 Saddlebrooke Ridge</u> <u>Jackson MO 63755</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>CFO</u>	<u>Victoria McDowell</u>	<u>1105 Saddlebrooke Ridge</u> <u>Jackson MO 63755</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Willard Dean McNallen</u>	<u>1105 Saddlebrooke Ridge</u> <u>Jackson MO 63755</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Shelley Z McNallen</u>	<u>1105 Saddlebrooke Ridge</u> <u>Jackson MO 63755</u>	<input checked="" type="checkbox"/> Add <input checked="" 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)

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2010 OCT 29 PM 3:32
STATE OF MISSISSIPPI
CLERK OF SUPREME COURT

Dated September 1, 2010



Signature of a member or authorized representative of a member

Victoria McDowell

Typed or printed name of signee