

1000056962

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EXAMINER



800184196168

800184196168
08/17/10--01022--008 **30.00

FILED
10 AUG 17 AM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROPEL 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:

Stephen W. Chastain

Name of Person

Propel Fitness, LLC

Firm/Company

P.O. Box 50354

Address

Jacksonville Beach, Florida 32250

City/State and Zip Code

stephen@propelfitnessjax.com

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

For further information concerning this matter, please call:

Stephen W. Chastain

Name of Person

at (**904**)

652-5355

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**

PROPEL 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 JUNE 1, 2010 and assigned Florida document number L10000056962.

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)

9545 San Jose Boulevard

Jacksonville, Florida 32257

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 50354

Jacksonville Beach, Florida 32250

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:

Marie Mills

New Registered Office Address:

220 Pine Street

Enter Florida street address

Neptune Beach

Florida

32266

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.


Marie Mills
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:

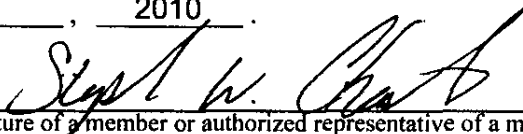
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kristiana B. VanCleve	114 Bowles Street #A Neptune Beach, Florida 32266	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated August 15, 2010



 Signature of a member or authorized representative of a member

Stephen W. Chastain

 Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L10000056962
FILED 8:00 AM
May 26, 2010
Sec. Of State
tcline**

Article I

The name of the Limited Liability Company is:

PROPEL FITNESS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

114 BOWLES STREET
#A
NEPTUNE BEACH, FL. 32266

The mailing address of the Limited Liability Company is:

114 BOWLES STREET
#A
NEPTUNE BEACH, FL. 32266

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

KRISTIANA B VANCLEVE
114 BOWLES STREET
#A
NEPTUNE BEACH, FL. 32266

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: KRISTIANA B. VANCLEVE

Article V

The name and address of managing members/managers are:

Title: MGRM
STEPHEN W CHASTAIN
114 BOWLES STREET #A
NEPTUNE BEACH, FL. 32266

Title: MGR
KRISTIANA B VANCLEVE
114 BOWLES STREET #A
NEPTUNE BEACH, FL. 32266

Article VI

The effective date for this Limited Liability Company shall be:

06/01/2010

Signature of member or an authorized representative of a member

Signature: KRISTIANA B. VANCLEVE

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FILED 8:00 AM
May 26, 2010
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