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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

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02/14/11--01054--022 **25.00



Office Use Only

N. Cuilligan FEB 15,2031

		COVER LETTER	
то:	Registration Section		
SUBJE	ct: Total	Body Fitness	LLC
	· · ·	Name of Limited Liability Company	7

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TOTAL BODY Fitness, LLC					
IDENT DULY FITTELLE					
Firm/Company					
7396 Bird Rd. Address					
MIAMI, FL 33155 City/State and Zip Code					

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

For further information concerning this matter, please call:

338-3864 786 nilo at (Area Code & Daytime Telephone Number Name of Person

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 AME TO ARTICLES OF ORGA OF	NIZATION	ILED Y OF STATE CORPORATIONS RU 12: 30
Total Body Fith	ess, LLC	v
(<u>Name of the Limited Liability Company as in</u> (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were s Florida document number <u>L100000 88711</u>	iled on 8 23 2010 ar	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liability co</u>	mpany here:	
The new name must be distinguishable and end with the words "Limited Lia" "L.L.C."	bility Company," the designation "LLC" o	r the abbreviation
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 adress here:	ldress on our records, <u>enter the na</u>	me of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
City	, Florida Zip	Code
New Registered Agent's Signature, if changing Registered Agent:	2.9	

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

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager ' MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action					
MGR	Lou Grimaldi	7396 Bird Rd. Mami, FL 33155	Add					
MGR	Emilio Diaz	7394 Bird Rd. Miami, FL 33155	Add Remove					
MGR	Dena Miranda	7396 Bird Rd. Miami, FL 33155	Add Remove					
			Add Remove					
			Add Remove					
<u>-</u>			Add Remove					
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)								
	, 		SECRETA IVISION OF IL FEB I					
			RY OF STATE CORPORATIO					
Dated Fek	Car Shu	<u>11</u> maldi	ATE ATIONS 30					
Signature of a member or authorized representative of a member LDU Grimaldi Typed or printed name of signee								
Page 2 of 2								

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Filing Fee: \$25.00

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