# L10000110271

| (Re                                     | questor's Name)    |             |
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| (Cit                                    | ty/State/Zip/Phone | e #)        |
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| PICK-UP                                 | ☐ WAIT             | MAIL        |
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| (Bu                                     | isiness Entity Nar | ne)         |
|   |                    |             |
| (Do                                     | cument Number)     |             |
|   |                    |             |
| Certified Copies                        | Certificates       | of Status   |
| •                                       | _                  |             |
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| Special Instructions to                 | Filing Officer:    |             |
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Office Use Only



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12 SEP 20 AH II: 16

SECRETARY OF STATE

SEP 2 1 2012

T. HAMPTON

# **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |  |  |  |
|--|--|--|--|--|
| SUBJECT: My Addiction Cycling and Yoga Studio, UC 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:  |  |  |  |  |
| Delores Joseph Name of Person  |  |  |  |  |
|  |  |  |  |  |
| Firm/Company   |  |  |  |  |
| 1805 SW 101st terrace  |  |  |  |  |
| Mikamar, fl. 33025   |  |  |  |  |
| City/State and Zip Code  MSpinaddichion & Vahoo Com  E-mail address: (to be used for future arrival report notification)   |  |  |  |  |
| For further information concerning this matter, please call: (862  |  |  |  |  |
|  |  |  |  |  |
| Name of Person  Area Code & Daytime Telephone Number  (305) 505 · 3772   |  |  |  |  |
| 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 CORPORATIONS

12 SEP 20 AHII: 16

| MY ADDICTION CYCLIN  | NG AND YOGA              | STUDIO, LLC                                     |
|--|--------------------------|---|
| ( <u>Name of the Limited Liability Co</u><br>(A Florida Lim          | ited Liability Company)  | es on our records.)                             |
| •  | • • •                    |   |
| The Articles of Organization for this Limited Liability Com          | pany were filed on       | 10/22/10 and assigned                           |
| Florida document numberL10000110274                                  |                          |   |
|  |                          |   |
| This amendment is submitted to amend the following:                  |                          |   |
| A. If amending name, enter the new name of the limited               | l liability company her  | <u>·e</u> :                                     |
|  |                          |   |
| The new name must be distinguishable and end with the words "L.L.C." | "Limited Liability Compa | any," the designation "LLC" or the abbreviation |
| L.L.C.   |                          |   |
| Enter new principal offices address, if applicable:                  | ·                        |   |
| (Principal office address MUST BE A STREET ADDRES                    | <u> </u>                 |   |
|  |                          | •   |
|  | <del></del>              | (lar  |
| Enter new mailing address, if applicable:                            | 2940                     | Country Club Ln                                 |
| · · · · · · · · · · · · · · · · · · ·                                | Pembro                   |   |
| (Mailing address MAY BE A POST OFFICE BOX)                           | Fridain                  | (E Park, 71. 33007                              |
| į  |                          |   |
| B. If amending the registered agent and/or registered                | ad affice address on     | our records enter the name of the new           |
| registered agent and/or the new registered office addres             |                          | our records, enter the name of the new          |
| registered agent and or the new registered control and               | <u></u> .                |   |
| No. 11 - Chian Dayletoned Agents                                     |                          |   |
| Name of New Registered Agent:  |                          |   |
| New Registered Office Address:                                       |                          |   |
|  | En                       | nter Florida street address                     |
|  |                          | , Florida                                       |
| <del></del>  | 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, <u>enter the title, name, and address of each Manager</u> or <u>Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action Title Address** <u>Name</u> . Add Remove ☐ Add Remove ☐ Add Remove Remove  $\square$ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 9 18 12 Signature of a member or authorized representative of a member wher Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00