L11000030158

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D. BRUCE
MAR 1 4 2012
EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Cove We	llness Club, LLC		
SUBJECT.		ited Liability Company		_
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Mary Pederson		
		Name of Person		
		Cove Wellness Club		
		Firm/Company		_
	6091 SE	Federal Highway Su	ite 108	72
		Address		IZ MAR
		Stuart, FL 34997		SSE GO
	-	City/State and Zip Code		三日
	E. mail addrace (Joped609@aol.com to be used for future annual repo	ort natification)	
For further information	concerning this matter, please of	•	re notificationy	RIEA
	ary Pederson	at (_772_)	708-2420	
Name	of Person	Area Code &	Daytime Telephone Num	her
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 er	Certifi nclosed) Certifi	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	Registration Division of Clifton Buil	Corporations	:

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT .TO ARTICLES OF ORGANIZATION OF

Cove Wellnes	ss Club, LLC	•		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea Liability Company)	ars on our records	<u>F</u>)	
`	, ,			
The Articles of Organization for this Limited Liability Company	were filed on	March 11, 20	211 and assigned	
Florida document number L11000030158				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	ere:		
Cove Nutrition &			Marie a marie	
The new name must be distinguishable and end with the words "Limit".L.C."	ited Liability Comp	oany," the designati		m
E.E.C.			AHAS	
Enter new principal offices address, if applicable:			555 60 1	٠
(Principal office address MUST BE A STREET ADDRESS)			平 平 「	
			Es & O	
·			20 To	
Enter new mailing address, if applicable:			D	
(Mailing address MAY BE A POST OFFICE BOX)	•			
Jan				
	 		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered of	Tice address on	our records, en	ter the name of the nev	W
registered agent and/or the new registered office address her				
Name of New Registered Agent:				
New Registered Office Address:				
	Eı	nter Florida streei	t address	
		, Florida	a `	
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = N	Yanager = Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
		·	Domo
			Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
D. If ame	ending any other informa	tion, enter change(s) here: (Attach additional sheets	TO MAR
-			TO REPORTED
Dated <u>F</u>	Eprusy 29	, <u>3012</u> . aug Pedeusn	name of the second
	Sign	mature of a member or authorized representative of a member of Mary Pederson	ber
	····	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00