# #1/100004045/

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



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FILED

2 AUG 17 PM 1: 35

BURLLWAY OF STATE

LI ANA SSEE EL ORIDA

K.SALY EXAMINER AUG 17 2012



August 15, 2012

BATTERY FIX RX OF TAMPA BAY AARON MEDKIFF 8513 ROYAL HART DR. NEW PORT RICHEY, FL 34653

SUBJECT: SPINCITY FITNESS, LLC

Ref. Number: L11000040451

We have received your document for SPINCITY FITNESS, LLC and your check(s) totaling \$25.00. 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.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 012A00021004

# **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT:	SpinCity	y Fitness, LLC			
		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		Aaron Medkiff			
	Name of Person				
	Battery Fix Rx of Tampa Bay				
	Firm/Company				
	;	8513 Royal Hart Dr.			
		Address			
	New Port Richey, Florida 34653				
	A turn	City/State and Zip Code			
	E-mail address: (1	So be used for future annual report notification	tion)		
For further information c	oncerning this matter, please c	all:			
Aa	aron Medkiff	at ( 754 ) 22	24-1461		
Name o	f Person	Area Code & Daytime T	elephone Number		
Enclosed is a check for the	ne 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: 12 AUG 17 PM 1: 35

SpinCity Fit	tness, LLC		PALLAHASSEE FLAD
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	SEE, FLORID
The Articles of Organization for this Limited Liability Company	were filed on	April 5, 2011	and assigned
Florida document number L11000040451			·
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	٠.
The new name must be distinguishable and end with the words "Limi" "L.L.C."	ited Liability Compa	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	8513 Royal I	lart Dr.	
(Principal office address MUST BE A STREET ADDRESS)	New Port Ric	chey, Fl.	
	34653		
Enter new mailing address, if applicable:	8513 Royal F	fart Dr.	
(Mailing address MAY BE A POST OFFICE BOX)	New Port Ric	hey, Fl.	
	34653		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:	<u>e</u> :	our records, <u>ente</u>	
	. Florida		
	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

MGR = Manager

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:

RECPRT71

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRH	Melba Iris Pineiro	17785 S.W. 28 st. Miramar, FL 33029	Add Remove
			Add Remove
			Add Remove
			Add Remove
	N-1		Add Remove
			Add Remove
D. If amen		hange(s) here: (Attach additional sheets, if necessary.) 25% of SpinCity Fitness, LLC	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	-	<del>-</del>
-			<del></del>
Dated	1.	100	
	_	ember or authorized representative of a member  ACAKIFF  'ypod or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00