

L11000092221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

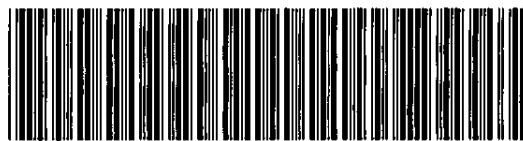
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2011 DEC 27 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 28 2011

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:**                     Your Personal 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:

                    David Blankenship                    

Name of Person

                    Your Personal Fitness LLC                    

Firm/Company

                    9820 SW 42nd Ave                    

Address

                    Ocala, FL 34476                    

City/State and Zip Code

                    biggred474@gmail.com                    

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

For further information concerning this matter, please call:

                    David Blankenship                    

Name of Person

at ( 352 )

                    817-6009                    

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

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TALLAHASSEE, FLORIDA

(A Florida Limited Liability Company)

Page 1 of 2

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>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |
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|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |

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

Article III will now be changed to - all legal  
purposes

Dated December 21, 2011

David Blankenship  
Signature of a member or authorized representative of a member

David Blankenship  
Typed or printed name of signee

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CLERK OF STATE  
TALLAHASSEE FLORIDA