L11000092221

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C. LEWIS
DEC 2 8 2011
EXAMINER

COVER LETTER

TO:	Registration S Division of Co		9 }	,	
SUBJE	ct:	Your Pers	sonal Fitness LLC		
		Name of Lim	ited Liability Company	······································	
The end	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.	•	
Please r	eturn all corresp	ondence concerning this matte	r to the following:		
			David Blankenship		
			Name of Person		
		You	ur Personal Fitness LL	.C	
			Firm/Company		
			9820 SW 42nd Ave		
			Address	,	
			Ocala, FL 34476		
			City/State and Zip Code		
		bi	ggred474@gmail.com	l	
For furt	her information	E-mail address: (to be used for future annual repo	ort notification)	
	· · · · · · · · · · · · · · · · · · ·	id Blankenship	at (_352)	817-6009	
Enclose	,	of Person the following amount:	Area Code &	Daytime Telephone Number	
\$25 .	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en		of Status &

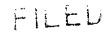
MAILING ADDRESS:

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



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Your Personal (Name of the Limited Liability Compar (A Florida Limited L	Fitness LLC OCCENTIAL TO THE STATE OF THE ST	EMRY OF STAIL <u>D</u> ASSEC. FLORIDA
The Articles of Organization for this Limited Liability Company Florida document numberL11000092221	were filed on August 11, 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
American Elite Aut	o Brokers LLC	
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	3001 S. Pine Ave.	
(Principal office address MUST BE A STREET ADDRESS)	Ocala, FL 34470	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	3001 S. Pine Ave. Ocala, FL 34470	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	Enter Florida stree	et address
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
••••			Add Remove
. .			Add ☐Remove
			AddRemove
amen —	Article III will Now to	ge(s) here: (Attach additional sheets, if neces	sary.)
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Filing Fee: \$25.00