

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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FEB - 8 2012
EXAMINER



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COVER LETTER

	ition Secti of Corpo					
SUBJECT:		Ministe	erofit.com,	LLC		
SCHOLETT.			nited Liability Co		·	
		nendment and fee(s) are su	·	_		
			William Featherton Name of Person			
			Name of F	erson		
	Ministerofit.com, LLC				_	
	Firm/Company					
			4 Hibiscu	ıs Dr.		
			Addres	SS		•
		O	ormond Beac	h Fl 32176		
		• • • •	City/State and			•
		E-mail address	oillfeather@ya	ahoo.com ure annual report notific	nation)	
For further inform	ation con	cerning this matter, please		ne amuai report nomi	Jauony	
,	William	Featherston	at (38	36 \	307-3445	
]	Name of Po	erson	at (Area Code & Daytime		r
Enclosed is a chec	k for the f	following amount:				
\$25.00 Filing F	Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Fi Certified (addition		Certifie	te of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle		

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

Ministerofit	com, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appear Liability Company)	s on our records.)	
		444740440	
The Articles of Organization for this Limited Liability Company	were filed on	1/17/2012	and assigned
Florida document number L12000007457			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·		
			(n)
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			92 <u>-</u>
			um -
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	er Florida street add	tress
		. 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

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>	Address	Type of Action
MGR	William Featherston	4 Hibiscus Dr Ormond Beach Fl, 32176	✓ Add ☐ Remove
	· · · · · · · · · · · · · · · · · · ·		— — — • • • • • • • • • • • • • • • • • • •
			Add Remove
			AddRemove
			Add Remove
			AddRemove
D. If amen	ding any other information, en	er change(s) here: (Attach additional sheets, if new	cessary.)
Dated	02/12	, 2012 Letterst	
	Signature of	a member or authorized representative of a member William Featherston	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00