# #112000020125

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KEALY EXAMINER JAN - 6 2015

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Pure 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:
Elizabeth Russell Name of Person
Pure Fitness LLC Firm/Company
2831 N. Federal Hwy # 1
Boca Raton, FL, 3343).
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elizabeth Russell at (561) \$465-3745  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Solution} \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status} \$\times \text{Solution} \text{Solution} Filing Fee & Certificate 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

## TO ARTICLES OF ORGANIZATION

	DRGANIZATION FILE
O	or the ED
Pure Fitness LLC.	DRGANIZATION  FILED  20/4 DEC 22 PM 3: 30  Interpretation of the company of the c
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1200020125</u>	were filed on 5 30 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	•
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new e:
Name of New Registered Agent:	
New Registered Office Address:	

#### 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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

#### Authorized Member being added or removed from our records:

MGR = · Manager AMBR = Authorized Member **Type of Action Address Title** Elizabeth Russell 2831 N. Federal Hwy#1 Boca, FL, 33431 \_□ Remove □ Add ☐ Remove □ Add \_□ Add ☐ Remove □ Add ☐ Remove

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