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TALLAHASSEE, FLORIDA

T. CLINE
DEC - 4 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vibe Fit Xpress
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:

Theresa Deparvaldi
Name of Person
Vibe Fit Xpress LLC
Firm/Company
408 N. Howard Ave
Address
Tampa, FL 33606
City/State and Zip Code
Theresa@vibefitclub.com
E-mail address: (to be used for future annual report notification)

408 N.
Howard Ave
Tampa, FL
33606

For further information concerning this matter, please call:

Randy Barnhardt at (813) 494 7128
Name of Person 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, FL 32301
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
OF

Vibe Fit Express

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/5/12 and assigned
Florida document number L12000047044

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Randy Barnhardt

New Registered Office Address:

1116 Cheshire Ct

Enter Florida street address

Safety Harbor

Florida

34655
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 3

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

Title	Name	Address	Type of Action
MGRM	Theresa DePaquale	10746 Arco Pav NPK FL 34655	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Randy Barnhardt	1116 Cheshire Ct Safety Harbor, FL 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Julie Barnhardt	1116 Cheshire Ct Safety Harbor, FL 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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>
MGRM	Theresa DePaquola	10746 Alia Pau NPN FL 34655	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Randy Barnhardt	1116 Cheshire Ct Safety Harbor, FL 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Julie Barnhardt	1116 Cheshire Ct Safety Harbor, FL 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

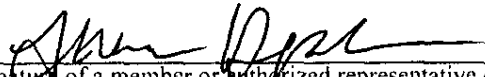
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

11/30/12

2012



Signature of a member or authorized representative of a member

Theresa DePaigval

Typed or printed name of signee

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Filing Fee: \$25.00

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