

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ZUMBA SISTERS, LLC**

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Corporate Filing Menu

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OCT 1 0 2013

EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe

10/9/2013

To.

From: The UPS Store #6113

904 940 0218

10/07/2013 16:20

#251 P.002/004

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: ZUMBA		nited Liability Company)			
	Amendment and fee(s) are sundence concerning this matter				
	Imelda Vasquez	(Name of Person)			
	Legalzoom.com, Inc	,			
	100 W. Broadway S	uite 100 (Address)			
	Glendale, CA 91210	(City/State and Zip Code)		TALL	2013 C
For further information co	oncerning this matter, please o	eall:		AH S	2013 OCT -9
Imelda Vasquez (Name o	f Person)	at (323) 962-8600 ext (Area Code & Daytime T		SEC. FLORID	
Enclosed is a check for the	s following amount:			3	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status		\$60.00 Filing F Certificate of Certified Cop (additional co	Status &	esed)

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

From: The UPS Store #6113

ZUMBA SISTERS, LLC

904 940 0218 10/07/2013 16:20 #251 P.003/004

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A F)	orida Limitod Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liabi	lity Company were filed on 04/17/2012	and assigned
Florida document number <u>L12000052212</u>	•	
This amendment is submitted to amend the following	ng:	00T-9
A. If amending name, enter the new name of the	e limited liability company here:	
Fit Sisters LLC		S. F.
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designa	tion "LLC" or the abbreviation
Name of New Registered Agent: New Registered Office Address:	(Enter Florida stre	not address)
	,	·
	(City) Florid	(Zip Code)
New Registered Agent's Signature, if changing Registered agent he appointment as registered agent he provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the registery company has been notified in writing of this change	gent and agree to act in this capacity. I further and complete performance of my duties, as agent as provided for in Chapter 608, F.S. stered office address, I hereby confirm that to	nd I am familiar with and ! Or, if this document is
	(If Changing Registered Agent, Signature of N	lew Registered Agent)

From: The UPS Store #6113

904 940 0218

10/07/2013 16:21

#251 P.004/004

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:

	Muse of Acata
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	Type of Action
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	Add
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	☐ Add
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	Remove
). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	□Add
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	Add Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	Add Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	Add Remove
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Jated 10/09 2013 Maila Maises	- 1
Shoila Maises	· 42
	- -
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00