## 12000068919

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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SECRETARY OF STATE
TALL ANASSEF, FLORIDA

J. BRYAN

DEC 1 4 2012

**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Phoenix Fitness of Port Orange, 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:

Rick Burt

Name of Person

Burt & Burt PL

Firm/Company

420 S. Orange Avenue Suite 220

Address

Orlando, FL 32801

City/State and Zip Code

rick@burt-burt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rick Burt

<sub>...</sub>407<sub>.</sub>420-6828

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flori	ility Company as it now appears on or ida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number L12000068919	ty Company were filed on 5/22/12	and assigned
This amendment is submitted to amend the following		MILDEC 13 TALLAHASS
A. If amending name, enter the new name of the	limited hability company nere:	SS W M
Vixen Fitness of Orlando, LLC		ma Z
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," th	e designation "LLC" or the autreviation
Enter new principal offices address, if applicable:		0m -
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	<del>,</del>	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	<b>9</b>	cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida street address
<u> </u>		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Phoenix Fitness of Port Orange 11 C

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** Remove Remove Remove Remove Remove

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
December 10	2012	
ated December 10		
***		
	Signature of a member or authorized representative of a member	
Richard Bi	urt	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

FILED 2012 DEC 13 AM II: 37 SECRETARY OF STATE