(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
A. LUNT		
AUG - 2 2011		

Office Use Only

EXAMINER



000237810990

08/01/12--01008--025 **60.00

\$55.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

MAILING ADDRESS:

\$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOSHUA HAINES	FITNESS LC
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\bigsup_{\chi00076932}\).	were filed on 6 11 2012 and assigned
This amendment is submitted to amend the following:	TALLAU
A. If amending name, enter the new name of the limited liabi	ASSE
The new name must be distinguishable and end with the words "Limit "L.L.C."	ied Liability Company," the designation "Liter for the appreviation
Enter new principal offices address, if applicable:	6523 Emerson ASES
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg FL 33707
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 48303 St. Petersburg FL 33743-830
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	Marie HAINES
New Registered Office Address: 6 S23	Emerson Ave S
St. Pe	Enter Florida street address Lusburg, Florida 33707 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

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 = Ma	inaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	JOSHVA HAINES	6523 Emerson Ave S St. Petersburg FL 33707	⊠ Add ☐ Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
-			Add Remove
			Add Remove
		A A S	COLLAR TAR
D. If amendi	ng any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary)	Add Bemove
		·	
Dated	7/29/2012		
-	Joshua	r or authorized representative of a member HAWES or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00