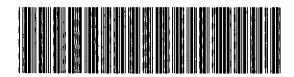
## L12000094127

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PICK-UP	☐ WAIT	MAIL
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Office Use Only

B. KOHR

AUG-9 2012

EXAMINER



August 7, 2012

PAULA DELUCA CURVES SUMMERFIELD, LLC 1608 COG HILL DRIVE THE VILLAGES, FL 32159

SUBJECT: CURVES SUMMERFIELD, LLC

Ref. Number: L12000094127

We have received your document for CURVES SUMMERFIELD, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new name you have chosen -- DELUCA ENTERPRISES, LLC -- is not available because it is too similar to the name of an existing company -- DELUCA ENTERPRISES, INC. -- Doc. Number P94000062269.

Please choose another new name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 812A00020497

Buck Kohr Regulatory Specialist II M6-6 PH 3:02

## **COVER LETTER**

Division of Co	orporations			
SUBJECT:	Curves S	Summerfield, LLC		
		ited Liability Company		4
			2	. 3
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	Zallie o or si	-
Please return all corresp	ondence concerning this matte	r to the following:		,
	<u></u>	Paula DeLuca		
		Name of Person	•	
		Curves Summerfield	. •	
		Firm/Company		
	•	1600 Car Hill Daise		
		1608 Cog Hill Drive		
			•	
	The	Villages, Florida 32159	·	
		City/State and Zip Code		
,	E-mail address: (	ucapaula3@yahoo.com to be used for future annual report notifica	ution)	
For further information	concerning this matter, please		•	
	· · · · · · · · · · · · · · · · · · ·	•		
<del></del>	aula DeLuca	at (_ + )	53-3780	
Name of Person		Area Code & Daytime T	Felephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		•		

MAILING ADDRESS:

TO:

**Registration Section** 

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**

Curves Summ (Name of the Limited Liability Compa- (A Florida Limited L	nerfield, LLC  ny as it now appears on our records.)	2
The Articles of Organization for this Limited Liability Company  Florida document number		and assigned ්
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited liab	ility company here:	
DeLuca Fitne	ss, LLC	
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	10973 SE 175th Place	
(Principal office address MUST BE A STREET ADDRESS)	Summerfield, Florida	
	34491	
Enter new mailing address, if applicable:	1608 Cog Hill Drive	
(Mailing address MAY BE A POST OFFICE BOX)	The Villages, Florida	,
	32159	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>ente</u>	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street a	address
	, Florida	Zip Code
	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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Anthony DeLuca	1608 Cog Hill Drive The Villages, Florida 32159	✓ Add ☐ Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		AddRemove
<del></del>	·		Add Remove
<del></del>			AddRemove
			AddRemove
D. If amend	ling any other information	, enter change(s) here: (Attach additional sheets, if no	ecessary.)
			. ·
Dated	August 1	<u>2012</u> .	
	Signatu	e of a member or authorized representative of a member	
		Paula DeLuca	
	-	Typed or printed name of signee	<del> </del>

Page 2 of 2

Filing Fee: \$25.00