

L12000094127

(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:

N

Office Use Only

B. KOHR

AUG - 9 2012

EXAMINER



000238110110

08/06/12--01015--007 **30.00

12 AUG - 6 PM 3:02

RECEIVED
STATE OF NEW YORK
DIVISION OF TAXATION



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2012

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

SUBJECT: CURVES SUMMERFIELD, LLC
Ref. Number: L12000094127

12 AUG -6 PM 3:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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.

Buck Kohr
Regulatory Specialist II

Letter Number: 812A00020497

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Curves Summerfield, LLC
Name of Limited Liability Company

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
12 AUG -6 PM 3:02

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paula DeLuca

Name of Person

Curves Summerfield

Firm/Company

1608 Cog Hill Drive

Address

The Villages, Florida 32159

City/State and Zip Code

delucapaula3@yahoo.com

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

For further information concerning this matter, please call:

Paula DeLuca

Name of Person

at (352)

753-3780

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**

Curves Summerfield, LLC

(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 July 19, 2012 and assigned
Florida document number L12000094127.

This amendment is submitted to amend the following:

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

DeLuca Fitness, LLC

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:

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 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:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Type of Action</u>
MGRM	Anthony DeLuca	1608 Cog Hill Drive	<input checked="" type="checkbox"/> Add
		The Villages, Florida	<input type="checkbox"/> Remove
		32159	
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated August 1, 2012

Paula DeLuca
Signature of a member or authorized representative of a member

Paula DeLuca
Typed or printed name of signee