

**L13000001458**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)  
Account Number : 071005001001  
Phone : (727) 441-8966  
Fax Number : (727) 442-8470

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Email Address: flarclw@macfar.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CLEARWATER BEACH FITNESS, LLC**

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NOV 22 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CLEARWATER BEACH FITNESS, LLC**  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

**THOMAS C. NASH II, ESQ.**

Name of Person

**MACFARLANE FERGUSON & McMULLEN**

Firm/Company

**625 COURT STREET, SUITE 200**

Address

**CLEARWATER, FL 33756**

City/State and Zip Code

**flarc1w@macfar.com**

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

For further information concerning this matter, please call:

**Thomas C. Nash II, Esq.** at **(727) 441-8966**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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**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**

**CLEARWATER BEACH FITNESS, 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 01/03/2013

Florida document number L13000001458

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

259 MILWAUKEE AVENUE, APT. 312

DUNEDIN, FL 34698

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

259 MILWAUKEE AVENUE, APT. 312

DUNEDIN, FL 34698

**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:

BRIAN T. WICKENS

New Registered Office Address:

259 MILWAUKEE AVENUE, APT. 312

*Enter Florida street address*

DUNEDIN

*City*

Florida 34698

*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.*

  
Signature of New Registered Agent



TOTAL P.05

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November 20, 2013.



Signature of a member or authorized representative of a member

**BRIAN T. WICKENS, MGRM**

Typed or printed name of signee

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Filing Fee: \$25.00

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