130000000121

(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:

Office Use Only



600247026766

04/22/13--01021--008 **30.00

13 FPR 22 PM 4: 13

D. BUTLER O. BUTLER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ZUMba ZINA FITNESS, 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:				
Pamela Jimenez				
Name of Person				
Name of Person				
Firm/Company w				
1673 Hawkins Cove DRE				
JACKSONVIILE, Fla 32246 City/State and Zip Code				
Panela J103 D gmail, Com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Pamela Jimenez #1904, 476-2493				
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of St				

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

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 **Title** Name <u>Address</u> Type of Action NONE Remove Remove Ąđđ 11 Remove Remove

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zumba ZiNA F	itness, LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1 1 3 00000 2 7 5 4	were filed on $\frac{01/07/20/3}{2000}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
ZUMA ZINA FITA	ness, LLC & > [
The new name must be distinguishable and end with the words "Limit "L.L.C."	red Liability Company," the designation "LLC" or the abbleviation
Enter new principal offices address, if applicable:	JACKSONVIlle, Fla 3221
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVIlle, Fla 3221
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1673 Hawkins Cove DRE JACKSONVILLE, Fla 32246
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:	
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 an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
ited	4/17/13
	Jame le Samen
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00