## L13000008329

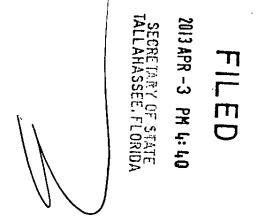
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APR - 4 2013 J. BRYAN



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2013

DAGOBERTO M. VILA ULTIMATE FITNESS COACHING L.L.C. 6095 BELLA ROSA LANE UNIT 105 VERO BEACH, FL 32966

SUBJECT: ULTIMATE FITNESS COACHING L.L.C.

Ref. Number: L13000008329



We have received your document for ULTIMATE FITNESS COACHING L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Joey Bryan Regulatory Specialist II

Letter Number: 513A00006684



TO:	Registration Section
	Division of Cornerations

SUBJECT: Ultimate Fitness Coaching
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:

Name of Person

Vitamale Fitness Coaching

Firm/Company

495 22 nd place

Address

Vero Beach F 32960

City/State and Zip Code

best ownelson; Born of fiture annual eport notification)

For further information concerning this matter, please call:

Dagoberto Vila at 196351-6289

Name of Person 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

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ins	COT STATE	SH 15. 40	O

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ Florida document number (130000083) M

This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  The new name must be distinguishable and end with the words "Limit"  L.L.C."	5 Coacling
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Vero Beach F132960
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Gogs Bella Dosalance Unit 105 Dero Deach, F13296 6
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:  New Registered Office Address:	
	Enter Florida street address

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.

City

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>	Name	Address	Type of Action
		TALL	Add Fremove Add SECRETARY OF STATE Add
			Add Remove
	·		Remove
			Remove
			Add
			Add
<del></del>			
			Remove

. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
ited	Deputet Il
-	Signature of a member or authorized representative of a member  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
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