

L13000008533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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FILED
17 MAY 25 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 25 2017

J SHIVERS



May 23, 2017

Florida Department of State
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Wise Women Fitness for Wellbeing, LLC
Document # L13000008533

Dear Sir/Madame:

With regarding to the above-referenced matter, enclosed are the following items:

1. Articles of Amendment to Articles of Organization of Wise Women Fitness for Wellbeing, LLC memorializing the name change of the LLC ("Amendment"); and
2. Check #2281 in the amount of \$25.00 representing filing fees for such Amendment.

Kindly file the Amendment with the Florida Department of State and return an acknowledgement letter to my attention at the undersigned address.

In the meantime, should you have any questions regarding the Amendment, I may be reached at (813) 310-2628.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Lynn Valaes", is written over a horizontal line.

Lynn Valaes
Manager

Wise Women Fitness
3311 S. Westshore Blvd. | Tampa, FL 33629 | (813) 310-2628

WISEWOMENFITNESS.COM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wise Women Fitness for Wellbeing, 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:

Lynn A. Valaes

Name of Person

Wise Women Fitness

Firm/Company

3311 S. Westshore Blvd.

Address

Tampa, FL 33629

City/State and Zip Code

LValaes@hotmail.com

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

For further information concerning this matter, please call:

Lynn A. Valaes

813 310-2628
at ()

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**

Wise Women Fitness for Wellbeing, 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 01/13/13 and assigned
Florida document number L13000008533.

This amendment is submitted to amend the following:

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

Wise Women Fitness, LLC

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City, **Florida** *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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

17 MAY 25 AM 7:36
SECRETARY OF STATE
WASHINGTON, D.C.
LONDON


SECRETARY OF STATE
WASHINGTON, D.C. 20520
17 MAY 25 AM 7:36

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 17, 2017


Signature of a member or authorized representative of a member

FENLYNN A. VALAES

Typed or printed name of signee