

L13000025155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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15 NOV - 2 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV - 3 2015

J SHIVERS

# BLAKE MCCOY

8540 Homeplace Dr Apt 6301 Jacksonville FL 32256 | [mccoyb36@gmail.com](mailto:mccoyb36@gmail.com) |  
904-502-7231

October 27, 2015

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee

Dear Recipient:

I wish to change the name of my current company , B Fit LLC, to The Mobile Workout LLC.

As well, I have changed the principal address and the mailing address. If there are any questions or concerns, please call or email me.

Sincerely,

Blake McCoy

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: B FIT 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:

Blake McCoy  
Name of Person

B FIT  
Firm/Company

11129 Fairbanks Grant Rd West  
Address

Jacksonville FL 32223  
City/State and Zip Code

mccoyb36@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Blake McCoy at (904) 502-7131  
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

**TO  
ARTICLES OF ORGANIZATION  
OF**

(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 2-18-2013 and assigned Florida document number L13000025155.

This amendment is submitted to amend the following:

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

THE MOBILE WORKOUT 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)

8540 homeplace drive

Jacksonville Florida 32256

apt 6301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8540 homeplace drive

Jacksonville Florida 32256

apt 6301

**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:

Blake McCoy

New Registered Office Address:

8540 homeplace drive

Enter Florida street address

Jacksonville

City

Florida

32256

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

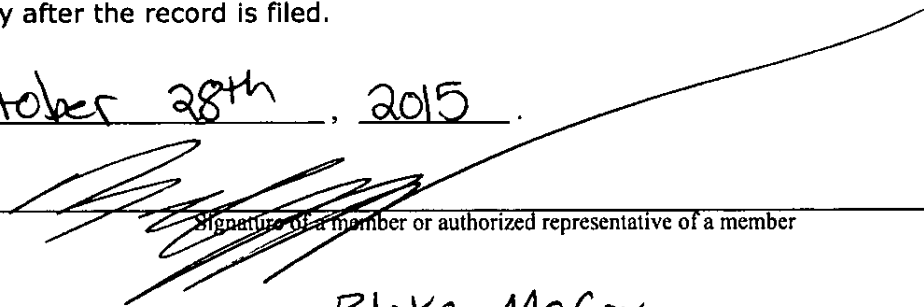
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Blake McCoy	8540 home place drive apt 6301 Jax FL 32256	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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15 NOV - 2 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: October 28th, 2015 (optional)  
(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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 October 28th, 2015  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Blake McCoy  
\_\_\_\_\_  
Typed or printed name of signee