

L13000036908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

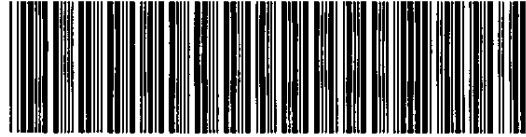
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600260094686

05/21/14--01003--018 \*\*60.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 MAY 21 AM 9:42  
0116009

1/1  
2/1

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PEAK HEALTH AND 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:

Cheri Schumann  
Name of Person

PEAK HEALTH AND FITNESS, LLC  
Firm/Company

801 20th PLACE  
Address

VERO BEACH, FL 32960  
City/State and Zip Code

TIFFANY@PEAKVERO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany Buskick at (772) 559 7551  
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**

Peak Health and 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 3/11/2013 and assigned Florida document number L13000036908.

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)**

**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:

TIFFANY BUSKIRK

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 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.*

Tiffany Buskirk  
If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**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"/> Add               |
|              |             |                | <input type="checkbox"/> Remove            |
|              |             |                |  |
|              |             |                | <input type="checkbox"/> Add               |
|              |             |                | <input type="checkbox"/> Remove            |
|              |             |                |  |
|              |             |                | <input type="checkbox"/> Add               |
|              |             |                | <input type="checkbox"/> Remove            |
|              |             |                |  |
|              |             |                | <input checked="" type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove            |
|              |             |                |  |
|              |             |                | <input checked="" type="checkbox"/> Add    |
|              |             |                | <input checked="" type="checkbox"/> Remove |
|              |             |                |  |
|              |             |                | <input type="checkbox"/> Add               |
|              |             |                | <input type="checkbox"/> Remove            |

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

**E. Effective date, if other than the date of filing:** 6/1/14 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 1, 2014.

|  |                               |
|--|-------------------------------|
| <u><i>Cheri Schumann</i></u>                                   | <u><i>Tiffany Buskirk</i></u> |
| Signature of a member or authorized representative of a member |                               |
| <u>Cheri Schumann</u>  | <u>Tiffany Buskirk</u>        |
| Typed or printed name of signee                                |                               |

Page 3 of 3  
Filing Fee: \$25.00

FILED  
14 MAY 21 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA