## L1300050359

(Re	equestor's Name)	
(Ac	ddress)	
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(Do	ocument Number)	
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

Elevate 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:

Kim M. Floore

Name of Person

Elevate Fitness, LLC

Firm/Company

2935 6th Ave N.

Address

St Petersburg, FL 33713

City/State and Zip Code

kiglo@yahoo.com

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

For further information concerning this matter, please call:

Kim M. Floore

727 224-5260

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

Elevate Fitness, LLC		
(Name of the Limited Li (A F	ability Company as it now appears on our lorida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab	oility Company were filed on 4/5/13	and assigned
Florida document number L13000050359		
This amendment is submitted to amend the follow  A. If amending name, enter the new name of the		TALLER SON
, <u></u>		
The new name must be distinguishable and end with to "L.L.C."	the words "Limited Liability Company," the	designation "LLC" or the ab be viation
Enter new principal offices address, if applicab	ole:	<b>y</b>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE Be	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	ida 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 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>	<u>Name</u>	Address	Type of Action
MGR	Namaste Productions, LLC	6001 central ave	Add
		St. Petersburg, FI 33710	Remove
MGRM	Jennifer J. Pierson	1114 Farragut Dr. N	Add
	•	St. Petersburg, FL 33710	Remove
	· · · · · · · · · · · · · · · · · · ·		Add
		· · · · · · · · · · · · · · · · · · ·	Remove
<del></del>			Add
			Remove
<del></del>	<del></del>		Add
			Remove
· ·			_
		· · · · · · · · · · · · · · · · · · ·	Remove

D. If amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
0.14	0040
Dated 9 May	, 2013
	En mora
-	Signature of a member or authorized representative of a member
Kin	n M. Floore
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00