

L13000052011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

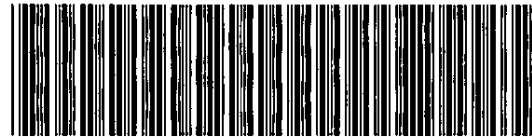
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEALARY
ALLIANCE
12/19/13

2013 DEC 19 PM 12:46

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COVER LETTER

**TO: Registration Section
Division of Corporations**

NEW WAVE FITNESS COACHING LLC

SUBJECT: _____
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:

MILLER, CHARLIE

Name of Person

NEW WAVE FITNESS COACHING LLC

Firm/Company

19370 COLLINS AVE APT 1410

Address

SUNNY ISLES BEACH, FL 33160

City/State and Zip Code

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

For further information concerning this matter, please call:

MILLER, CHARLIE

502 439-1437

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

FILED
ST. JEFFERSON
TALLAHASSEE, FL 32301
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NEW WAVE FITNESS COACHING 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 04/09/2013 and assigned
Florida document number L13000052011.

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)

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CLERK OF THE CIRCUIT COURT	
JUDICIAL CIRCUIT IN AND FOR	
DADE COUNTY, FLORIDA	

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:

<u>Name of New Registered Agent:</u>	<u>MILLER, CHARLIE</u>
<u>New Registered Office Address:</u>	<u>19370 COLLINS AVE APT 1410</u>
	<i>Enter Florida street address</i>
	<u>SUNNY ISLES BEACH</u> , <u>Florida</u> <u>33160</u>
	<i>City</i> <i>Zip Code</i>

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

When 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

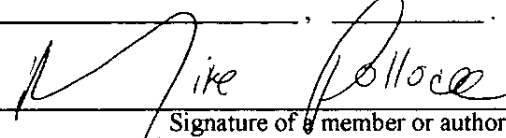
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	POLLOCK, MICHAEL	4325 WASHINGTON STREET	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Remove
MGRM	GANGUZZA, CIRI	101 SE 11TH AVE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 SECRETARY'S OFFICE
 CLERK'S OFFICE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated DECEMBER 10, 2013



Signature of a member or authorized representative of a member
MICHAEL POLLOCK

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FL 32399