

# L 13000054531

(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



500247576635

05/06/13--01036--023 \*\*30.00

FILED  
13 MAY -6 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

MAY -7 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ETECH 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:

**MARSHA SIHA**

Name of Person

**INCFILE**

Firm/Company

**134 VINTAGE PARK BLVD STE A 50**

Address

**HOUSTON, TX 77070**

City/State and Zip Code

**MARSHA@INCFILE.COM**

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

For further information concerning this matter, please call:

**MARSHA SIHA**

Name of Person

at ( **888** ) **462-3453**

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**

**ETECH FITNESS LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
13 MAY -6 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/15/2013 and assigned  
Florida document number L13000054531.

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)

22050 MARANATHA WAY

LEONARDTOWN, MD 20650

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

22050 MARANATHA WAY

LEONARDTOWN, MD 20650

**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

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>  | <u>Address</u>        | <u>Type of Action</u>                      |
|--------------|--------------|-----------------------|--|
| MGRM         | GLENN LARSEN | 22050 MARANTHA WAY    | <input checked="" type="checkbox"/> Add    |
|              |              | LEONARDTOWN, MD 20650 | <input type="checkbox"/> Remove            |
| MGRM         | GLENN LARSEN | 22050 MARANTHA WAY    | <input type="checkbox"/> Add               |
|              |              | LEONARDTOWN, FL 20650 | <input checked="" 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 type="checkbox"/> Add               |
|              |              |                       | <input type="checkbox"/> Remove            |

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

---

---

---

---

---

Dated APRIL 19, 2013

Glenn Larsen

Signature of a member or authorized representative of a member

GLENN LARSEN- MEMBER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00