

L13000067865

(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



200290615022

FILED
2016 OCT 11 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FL 32301

09/27/16--01016--019 **60.00

2016 SEP 26 AM 11:05
CLERK OF COURT
TALLAHASSEE, FL 32301

K. SALY
OCT 11 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2016

VIXEN WORKOUT MIAMI, LLC
JANET JONES

SUBJECT: VIXEN WORKOUT MIAMI, LLC
Ref. Number: L13000067865

We have received your document for VIXEN WORKOUT MIAMI, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is the missing page (signature page) for your convenience.

✶ The registered agent must sign accepting the designation.

✶ Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 816A00020880

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIXEN WORKOUT MIAMI, 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:

JANET JONES

Name of Person

VIXEN WORKOUT

Firm/Company

Address

City/State and Zip Code

JANET@VIXENWORKOUT.COM

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

For further information concerning this matter, please call:

JANET JONES

786

3994627

Name of Person

at (_____) _____

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**

VIXEN WORKOUT MIAMI, LLC

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

FILED
2016 OCT 11 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MAY 8 and assigned
Florida document number 1.13000067865.

This amendment is submitted to amend the following:

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

VIXEN 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:

547 NW 28 STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33127

Enter new mailing address, if applicable:

547 NW 28 STREET

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33127

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:

JULIO BERTEMATI

New Registered Office Address:

200 East Broward Boulevard, Suite 900

Enter Florida street address

Fort Lauderdale, FL


Florida 33301

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.


If Changing Registered Agent, Signature of New Registered Agent



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added 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	ALEX PIREZ	6990 NW 25 STREET	<input type="checkbox"/> Add
		MIAMI, FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JANET JONES	547 NW 28 STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33127	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 OCT 11 PM 3:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

2016 OCT 11
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-11-2016 BY 60322
UCBAW/STP/STP

FILED
2006 OCT 11 AM 3:59
FBI - NEW YORK
RECEIVED
FBI - NEW YORK

(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)

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 8, 2016

Signature of a member

Signature of a member or authorized representative of a member

Julio e Benvenuto

Typed or printed name of signee