

L13000075733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

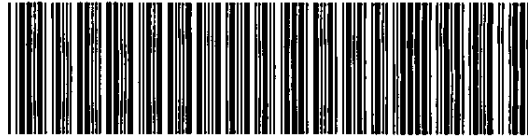
(Business Entity Name)

(Document Number)

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2014 DEC -1 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FL Outgoing DEC 11 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPORTS FITNESS HOLDINGS 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:

MANUEL M ARVESU

Name of Person

TRANSACTION ADVISORS AND CONSULTANTS LLC

Firm/Company

10261 SW 72 ST, C 101

Address

MIAMI, FL 33173

City/State and Zip Code

MMARVESU@GMAIL.COM

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

For further information concerning this matter, please call:

MANUEL M ARVESU

305 274-8200

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2014 DEC -1 AM 10: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SPORTS FITNESS HOLDINGS 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 05/23/2013 and assigned
Florida document number L13000075733.

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:

TRANSACTION ADVISORS AND CONSULTANTS LLC

New Registered Office Address:

10261 SW 72 ST SUITE 101

Enter Florida street address

MIAMI

City

Florida 33173

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

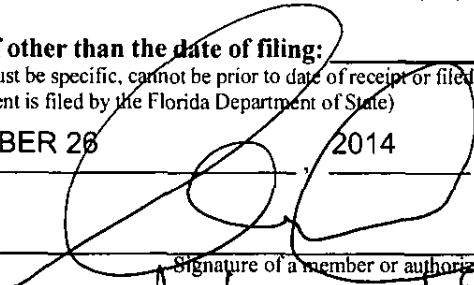
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	THE SAMSON GROUP LLC	10261 SW 72 ST	<input checked="" type="checkbox"/> Add
		SUITE 101	<input type="checkbox"/> Remove
		MIAMI FLORIDA 33173	
MGRM	FDC VITAMINS LLC	14620 NW 60 AVENUE	<input type="checkbox"/> Add
		MIAMI LAKES	<input checked="" type="checkbox"/> Remove
		FLORIDA 33014	
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(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 NOVEMBER 26 2014



Signature of a member or authorized representative of a member

Authorized Representative

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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