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T. HAMPTON

COVER LETTER

то:	Registration Se Division of Cor			
CUDU		de Fitness LLC		
SUBJI	ECI:	Name of Lin	nited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Julio Morel		
			Name of Person	
		TailorMade Fitness	LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		675 Piper Boulevard	d, Suite 2	
			Address	
		Naples, Florida 341	10	
			City/State and Zip Code	
		JCM2330@hotmail.c		
			to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please c	all:	
Juli	io Morel		239 980-9454	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$25	5.00 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

TailorMade Fitness LLC	ASS 9
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L13000082779	were filed on June 7, 2013
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	Charles and the state of the charles
The new name must be distinguishable and end with the words. Elimited Date	
Enter new principal offices address, if applicable:	675 Piper Boulevard, Suite 2
(Principal office address MUST BE A STREET ADDRESS)	Naples, Florida 34110
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
*	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Type of Action
MGR	David Alfonso Ochoa	675 Piper Boulevard, Suite 2	■ Add
		Naples, Florida 34110	Remove
			□ Remove
			□ Add
			TARE Remove
			SECRETARY OF PHYS: 27 Ve
	·		Remove
			Add
			Remove
			□ Remove

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Effective date, if other than the dat The effective date must be specific, cannot be the date this document is filed by the Florida	te of filing: (optional) e prior to date of receipt or filed date and cannot be more than 90 days after a Department of State)
the date this document is filed by the Florida	
Dated November 12	Department of State)

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Filing Fee: \$25.00

FILED 14 NOV 19 PH 12: 27 SECRETARY OF STATE