

L130000123783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

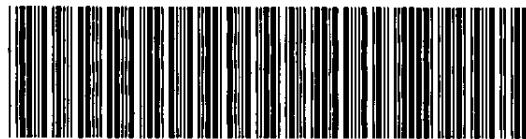
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 OCT 11 AM 8:27

J. SAULSBERRY
EXAMINER

OCT 14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Personal Training with Katie 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:

KATIE CHUBB
Name of Person

Personal Training with Katie LLC
Firm/Company

1470 SE PORTKLO RD, PORT ST LUCIE, FL 34952
Address

City/State and Zip Code

personaltrainerkatie@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Chubb at (772) 812 3694
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Personal Training with Katie 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 Sept 2nd 2013 and assigned Florida document number 413000123783.

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:

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>
MGR	Katie Chubb	1470 SE Portillo Rd, Port St Lucie,	<input checked="" type="checkbox"/> Add
		FL, 34952, USA.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

Dated _____.

Katie Chubb

Signature of a member or authorized representative of a member

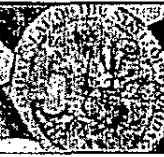
KATIE CHUBB

Typed or printed name of signee

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Filing Fee: \$25.00

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**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS****Detail by Entity Name**Florida Limited Liability Company

PERSONAL TRAINING WITH KATIE LLC

Filing Information

Document Number L13000123783
FEI/EIN Number NONE
Date Filed 09/03/2013
State FL
Status ACTIVE
Effective Date 09/03/2013

Principal Address

1470 SE PORTILLO ROAD
PORT ST LUCIE, FL 34952

Mailing Address

1470 SE PORTILLO ROAD
PORT ST LUCIE, FL 34952

Registered Agent Name & Address

CHUBB, KATIE R
1470 SE PORTILLO ROAD
PORT ST LUCIE, FL 34952

Manager/Member Detail

NONE

Annual Reports

No Annual Reports Filed

Document Images

09/03/2013 -- Florida Limited Liability

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*amend to show
her name*