

L13000142480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

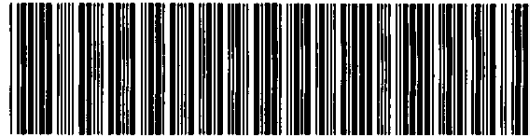
(Document Number)

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J. SAULSBERRY
EXAMINER
OCT 25 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lake Mary Fitness by Alberto, 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:

Alberto BUCKERIDGE
Name of Person

Lake Mary Rehab + Fitness by Alberto, LLC
Firm/Company

506 Whittingham Pl
Address

LAKE MARY, FL 32746
City/State and Zip Code

ALBERTOBRICK@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alberto BUCKERIDGE at (407) 416-4335
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

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

Lake Mary Fitness by Alberto, 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 10/09/2013 and assigned
Florida document number L13000142480.

This amendment is submitted to amend the following:

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

Lake Mary Rehab and Fitness by Alberto, LLC

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)

590 RINEHART RD
SUIT 3, UNIT 4
LAKE MARY FL 32746

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:

ALBERTO BUCKERIDGE

New Registered Office Address:

590 RINEHART RD

Enter Florida street address

LAKE MARY

City

Florida 32746

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:

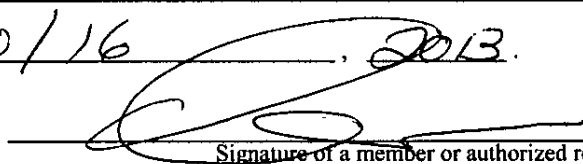
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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ST. LOUIS, MO
ST. LOUIS, MO

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

Dated 10/16, 2013.



Signature of a member or authorized representative of a member

ALBERTO BUCKERIDGE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535