

#L14000010636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

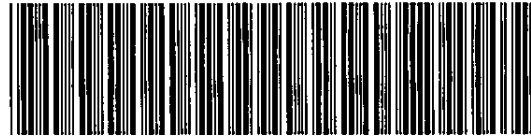
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/16/14--01032--011 **43.75

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2015 JAN -7 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JAN 14 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2014

JUST LIVE JEN FITNESS, LLC
DANIEL EDWARD
14731 SW 132 CT.
MIAMI, FL 33186

SUBJECT: JUST LIVE JEN FITNESS, LLC
Ref. Number: L14000010636

We have received your document for JUST LIVE JEN FITNESS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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: 014A00026936

RECEIVED
15 JAN - 7 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Just 4 Ue Jen Fitness
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:

Daniel Edward
Name of Person

Dream Training LLC
Firm/Company

14731 SW 132 ST
Address

Miami, FL 33186
City/State and Zip Code

Dan@Dreamtraining.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dan Edward at (786) 519 6167
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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) |
|---|--|--|--|

x See Cover letter, check for \$43.75 received

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Just Live Ten Fitness 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 11/21/14 and assigned
Florida document number L14000019636

This amendment is submitted to amend the following:

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

Dream Training LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

14731 SW 132 CT
Miami, FL 33186

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14731 SW 132 CT
Miami, FL 33186

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:

Shellie Andrews

New Registered Office Address:

14731 SW 132 CT
Enter Florida street address
Miami, Florida 33186
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.

Shellie Andrews
Shellie Andrews
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>
MGR	Shellie Andrews	14731 SW 132 ST Miami FL 33186	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Daniel Edward	14731 SW 132 ST Miami FL 33186	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	Jennifer Edward	14731 SW 132 ST Miami FL 33186	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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 January 5, 2014



Signature of a member or authorized representative of a member

Shellee Andrews

Typed or printed name of signee

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TALLAHASSEE, FLORIDA