

L14000090401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

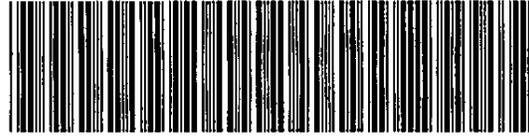
(Business Entity Name)

(Document Number)

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16 APR -7 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APR 12 2016  
J. HARRIS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Make - a - Move Fitness, LLC  
Name of Limited Liability Company

STATE OF FLORIDA  
TALLHASSEE, FLORIDA  
2016 APR - 7 PM 3:32

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fabienne Ulysse  
Name of Person

Make - a - Move Fitness, LLC  
Firm/Company

4 Kensington Lane  
Address

Boynton Beach FL 33406  
City/State and Zip Code

make a move enterprise@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fabienne Ulysse at (561) 953-4601  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee  
*already submitted*
- \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2016

FABIENNE ULYSSE  
4 KENSINGTON LANE  
BOYNTON BEACH, FL 33426

SUBJECT: MAKE A MOVE FITNESS, LLC  
Ref. Number: L14000090401

We have received your document for MAKE A MOVE FITNESS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 616A00006537

FILED  
16 APR - 7 PM 2:27  
SECRETARY OF STATE  
PAUL W. BRASSFIELD  
TALLAHASSEE, FLORIDA

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

Make - a - Move 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 06/20/14 and assigned Florida document number L14000090401.

This amendment is submitted to amend the following:

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

Make - A - Move Enterprise, LLC  
The new name must be distinguishable and contain 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)

4 Kensington Lane  
Boynton Beach FL 33426

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 4413  
Boynton Beach FL 33436

**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:

Fabienne Ulysse

New Registered Office Address:

4 Kensington Lane  
Enter Florida street address

Boynton Beach, Florida FL 33426  
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.*

  
If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE  
STATE OF FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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/Donor	Fabienne Ulysse	4 Kensington Lane, Boynton Beach FL 33426	<input checked="" type="checkbox"/> Add (Already in system)
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Change

16 PR - 27  
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 TALLAHASSEE, FLORIDA  
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