## 44000176135

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## **COVER LETTER**

Div	ision of Corp	porations							
SUBJECT:	PILATES O	LATES OF KANSAS CITY, LLC							
SOBJECT.		Name of Lim							
				<b>(</b>					
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	}_					
Please return	all correspon	ndence concerning this matter	to the following:						
		Le ve Cahan							
		Laura Cohen							
			Name of Person						
		Ellis Law Group, P.L.							
			Firm/Company						
			Address						
		Boca Raton, FL 33431							
				52 <b>26</b>					
		laura@ellis-law.com			2010 AUG SECRETA				
		E-mail address: (	to be used for future annual report notifi	ication)	45 S				
For further in	nformation co	oncerning this matter, please co	all:		SSSS -				
Laura Cohe	n		561 910-7511 at ( )						
	Name of	Person		Telephone Number	2: <b>4.2</b>				
Enclosed is a	a check for the	e following amount:							
\$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing  Certificate of  Certified Cop  (additional copy	f Status & py				

MAILING ADDRESS:

TO: Registration Section

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

PILATES OF KANSAS CITY, 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 11/12/2014 and assigned Florida document number <u>L</u>14000176135 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 contain the words "Limited Liability Company," the designation "L.I.C" or the abbreviation "L.I.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

## 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

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>	Name	Address	Type of Action			
MGR	Ellis, Stefanic F.	4755 Technology Way, Ste. 205				
		Boca Raton, Fl. 33431	■ Remove			
			□ Change			
MGR	David, Elisabeth	7656 State Line Road	🖹 Add			
		Prairie Village, KS 66208	Remove			
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e record specifies a delayo The 90th day after the re		e, but no	ot an effec	tive time,	at 12:01 a	a.m. on	the ear	lier d
June 26	:	2018						
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	Signature of a men	7	Un	~				

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Filing Fee: \$25.00