

L14000177499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

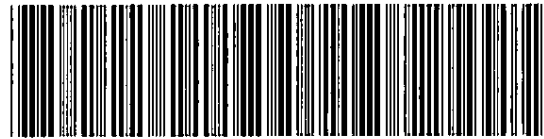
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2017 DEC -4 AM 12:14

2017 DEC -4 AM 12:14

Office Use Only



300306233723

12/05/17--01012--023 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32399
17 DEC -4 AM 9:52

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Classical Pilates International, 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:

Christina Allen
Name of Person

Classical Pilates International, LLC
Firm/Company

31 Ocean Reef Dr C101 #211
Address

Key Largo, FL 33037
City, State and Zip Code

pilates-paradise@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Allen at (305) 942-0808
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

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

Classical Pilates International, 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 11/17/2014 and assigned Florida document number L14000177499.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

102 Seminole Blvd, Suite 2
Tavernier, FL 33070

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:

Christina R. Aiken

New Registered Office Address:

101425 Overseas Hwy #112

Enter Florida street address.

Key Largo

City

Florida

33037

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.

C. Aiken

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Christina R. Allen	101425 Overseas Hwy	<input type="checkbox"/> Add
		#112	<input type="checkbox"/> Remove
		Key Largo, FL 33037	<input checked="" type="checkbox"/> Change
MGR	Patricia Silver	87889 Overseas Hwy	<input type="checkbox"/> Add
		Islamorada, FL 33036	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Patricia Silver WAS Registered Agent when initially filing. She was not the manager. She was the company's attorney. There was confusion when filing. The annual report WAS corrected in 2016, Patricia Silver is now deceased, which is when Christina Allen became Registered Agent in 2017.

17 DEC -4 AM 9:52

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FL 32301

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

11/28/2017



Signature of a member or authorized representative of a member

Christina R. Allen

Typed or printed name of signer