

# L15000006150

(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:

Office Use Only



200271730932

04/15/15--01010--026 \*\*30.00

FILED

2015 APR 15 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
APR 28 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Alpha Body Fitness 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:

**Christopher Stacy**

Name of Person

**Alpha Body Fitness LLC**

Firm/Company

**3651 NW 6th St**

Address

**Deerfield Beach Florida 33442**

City/State and Zip Code

**AlphaBodyFit@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Christopher Stacy**

**802** at ( )

**6813699**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2815 APR 15 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

Page 1 of 3

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>
CEO	Christopher Stacy	3651 NW 6th St	<input type="checkbox"/> Add
		Deerfield Beach FL 33442	<input checked="" type="checkbox"/> Remove
AMBR	Amanda Otero	3651 NW 6th St	<input checked="" type="checkbox"/> Add
		Deerfield Beach FL 33442	<input type="checkbox"/> Remove
AMBR	Christopher Stacy	3651 NW 6th St	<input checked="" type="checkbox"/> Add
		Deerfield Beach FL 33442	<input 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

FILED  
2015 APR 15 PM 3:00  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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

---

---

---

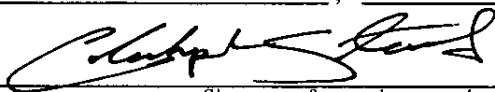
---

---

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 April 9th, 2015



Signature of a member or authorized representative of a member

Christopher Stacy

Typed or printed name of signee

FILED  
2015 APR 15 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA