## #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

2015 APR 15 PM 2:59

K.SALY EXAMINER APR 28 2015

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	Alpha Boo	dy Fitness LLC		
		Name of Lim	ited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please 1	eturn all correspon	dence concerning this matter	to the following:	
		Christopher Stacy		
			Name of Person	
		Alpha Body Fitness	LLC	
			Firm/Company	
		3651 NW 6th St		
			Address	
		Deerfield Beach Flo	rida 33442	
			City/State and Zip Code	·····
		AlphaBodyFit@gmail		
			to be used for future annual report notif	neation)
For furt	her information co	ncerning this matter, please ca	all:	
Chris	topher Stacy		802 6813699	
	Name of	Person		e Telephone Number
Enclose	ed is a check for the	e following amount:		
□ \$25	5.00 Filing Fee	■ \$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)
	MAILI	NG ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section

TO:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

2815 Apo	FILED
TALLAHAS	15 PM 3:00 RY OF STATE SEE, FLORIOS

Alpha Body 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 Liab	ility Company were filed on Jan 12 2015	and assigned
Florida document number L1500006150		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	-
(Principal office address MUST BE A STREET)	ADDRESS)	<u> </u>
		<del> </del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, <u>ento</u> <u>ee address here</u> :	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	Christopher Stacy	3651 NW 6th St	
		Deerfield Beach FL 33442	Remove
AMBR	Amanda Otero	3651 NW 6th St	
		Deerfield Beach FL 33442	□ Remove
AMBR	Christopher Stacy	3651 NW 6th St	Add
		Deerfield Beach FL 33442	□ Remove
			2815 APRIAS PROVE 3: 00
			□ Add
			Remove
			□ Remove

	ation, enter change(s) here: (Attach addit	ional sneets, if necessary.j
<del></del>		
tive date, if other than the	e date of filing:	(optional)
ffective date must be specific, can ate this document is filed by the F	not be prior to date of receipt or filed date and cannot lorida Department of State)	(optional) be more than 90 days after
ffective date must be specific, can ate this document is filed by the F	not be prior to date of receipt or filed date and cannot	(optional) to be more than 90 days after
Tective date must be specific, can ate this document is filed by the F	not be prior to date of receipt or filed date and cannot lorida Department of State)	(optional) be more than 90 days after
ffective date must be specific, can late this document is filed by the F	not be prior to date of receipt or filed date and cannot lorida Department of State)	be more than 90 days after
date this document is filed by the F	not be prior to date of receipt or filed date and cannot lorida Department of State)  2015  Signature of a member or authorized representative	be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00