

L15000006150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

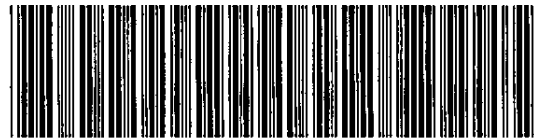
(Business Entity Name)

(Document Number)

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FEB 22 2017

S. YOUNG

17 FEB -2 AM 11:05

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2017

PATRICIA POLLARI
AFS
12534 WILES ROAD
CORAL SPRINGS, FL 33076

SUBJECT: ALPHA BODY FITNESS LLC
Ref. Number: L15000006150

RECEIVED
TALLAHASSEE, FLORIDA

2017 FEB 21 PM 3:44

We have received your document for ALPHA BODY FITNESS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia H. Young
Regulatory Specialist II

Letter Number: 217A00002277

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Patricia Pollari
Name of Person

AFS
Firm/Company

12534 Wiles Rd
Address

Coral Springs FL 33442
City/State and Zip Code

PATRICIA1040TAX@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Pollari at (954) 234 1106
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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)

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

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 FEB -2 AM 11:05

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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 Liability Company were filed on Jan 12 2015 and assigned Florida document number L15000006150

This amendment is submitted to amend the following:

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

Stacked Bodies 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)

2910 Deercreek Country Club Blvd
Deerfield Bch FL 33442

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2910 Deercreek Country Club Blvd
Deerfield Bch FL 33442

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:

AMANDA OTERO-PALACIOS

New Registered Office Address:

2910 Deercreek Country Club Blvd

Enter Florida street address

Deerfield Bch, Florida 33442

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.

Amanda Otero Palacios

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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change

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17 FEB -2 AM 11:03

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TALLAHASSEE, FLORIDA

(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)

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 2/14, 17

Signature of a member or authorized representative of a member

Christopher Stacy
Typed or printed name of signee