

L15000129664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

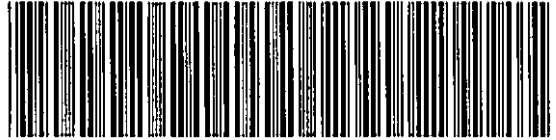
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
FALL RIVER, MASS. 01901  
17 DEC 15 PM 4:11

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Healthy Evolution 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:

Tia Grant

\_\_\_\_\_  
Name of Person

Healthy Evolution Fitness, LLC

\_\_\_\_\_  
Firm/Company

5 Fairway Dr Apt 8

\_\_\_\_\_  
Address

Cocoa Beach, FL 32931

\_\_\_\_\_  
City/State and Zip Code

healthyevolutionfitness@gmail.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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

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

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>
AMBR	Ann Blush	7155 ANN CATHERINE COURT	<input type="checkbox"/> Add
		COCOA, FL 32927	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Eva Whittimore	1200 POLLYANNA DRIVE	<input type="checkbox"/> Add
		TITUSVILLE, FL 32796	<input type="checkbox"/> Remove
		(last name spelled wrong intially)	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

all other info stays the same

17 DEC 15 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** Nov 27, 2017 **(optional)**

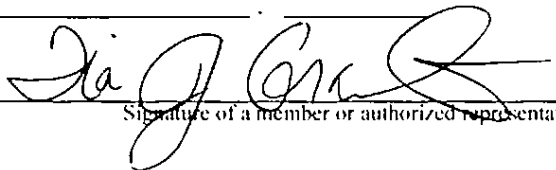
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 December 12 2017



Signature of a member or authorized representative of a member

Tia J Grant

Typed or printed name of signee