

L150010001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

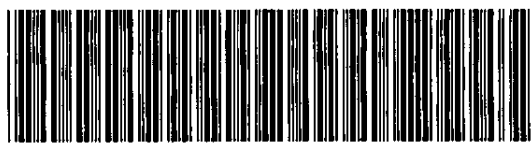
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
*page 3 missing say, 623*

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TALLAHASSEE, FLORIDA  
16 FEB -3 PM 1:44

MAR 16 2016  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2016 MAR 14 AM 11:50  
LEGISLATIVE SECRETARIAT  
TALLAHASSEE, FLORIDA

February 5, 2016

ANDREA L BARNES  
5311 SUNCATCHER DRIVE  
WESLEY CHAPEL, FL 33545

SUBJECT: HEALTHY STEPS AND FITNESS L.L.C.  
Ref. Number: L15000188881

We have received your document for HEALTHY STEPS AND FITNESS L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGES 1 & 3 MISSING

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 516A00002571

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TALLAHASSEE, FLORIDA  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HEALTHY STEPS AND 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:

ANDREA L. BARNES  
Name of Person

HEALTHY STEPS AND FITNESS  
Firm/Company

5311 SUNCATCHER DR.  
Address

Wesley CHAPEL FL 33545  
City/State and Zip Code

HEALTHY STEPS . ANDREA@AOL.COM

For further information concerning this matter, please call:

ANDREA L. BARNES at ( 734 ) 476-3656  
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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SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
16 FEB -3 PM 1:44

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

HEALTHY STEPS AND FITNESS  
(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 11/06/2015 and assigned  
Florida document number L15000188881 effective date: 1/1/2016

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA  
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**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:

New Registered Office Address:

Enter Florida street address

Florida

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.*

If Changing Registered Agent, Signature of New Registered Agent

Manager  
-AMBR = Authorized Member

from our records:

Title Name Address Type of Action

MSR

JANORA L. BARNES

8311 Succotree Dr. Wesley Chapel, FL 33548

Add

MSR

ARON T. BARNES

5311 Succotree Dr.

Add

Wesley Chapel #1 33545

Remove

Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

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Change

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TALLAHASSEE, FLORIDA  
16 FEB -- 3PM 16 44

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

I want to Be completely Removed From  
This LLC. Healthy steps and fitness L.L.C  
It was never my intention to be owner  
or even part owner. I was trying to put  
my wife down as MGR and registered agent,  
with me simply having access to assist  
whenever she wouldnt be able.

Aaron T. Barnes

16 FEB -3 PM 11:44

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 2/20/2016.

  
Signature of member or authorized representative of a member

Aaron T. Barnes  
Typed or printed name of signee

Date of this notice: 11-20-2015

Employer Identification Number:  
47-5636936

Form: SS-4

Number of this notice: CP 575 G

HEALTHY STEPS AND FITNESS-LLC  
ANDREA L BARNES SOLE MBR  
5311 SUNCATCHER DR  
WESLEY CHAPEL, FL 33545

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE

FILED  
STATE OF FLORIDA  
TALLAHASSEE  
FEB 25 2016  
PM 1:44

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-5636936. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is HEAL. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.