

**L16000142158**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

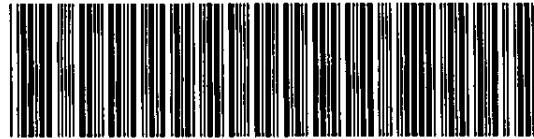
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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10/24/16--01023--007 \*\*25.00

OCT 25 2016

**S. YOUNG**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT 24 PM 4:00

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RUTY 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:

Seth Huberman

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

Huberman & Associates

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

5439 NW 42nd Avenue, Suite 100

\_\_\_\_\_  
Address

Boca Raton, FL 33496

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

seth@Hubermaninc.com

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT 24 PM 4:00

For further information concerning this matter, please call:

Seth Huberman

561 995-7575  
at ( )

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

## Page 1 of 3

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>
MGR	RUBEN KIRNOS	1200 CLINT MOORE ROAD	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
OCT 24 PM 4:00

18 OCT 24 PM 4:03

FILED STATE  
SECRETARY OF  
FALL AINASSE, FLORIDA  
16 OCT 24 PM 4:00

(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:

Dated October 20, 2016

Signature of a member or authorized representative of a member

**Seth Huberman, Counsel for Company**

Typed or printed name of signee