

L17000067182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

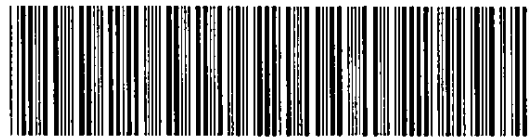
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF SUPREME COURT
TALLAHASSEE, FLORIDA

n BRUCE
JUN 21 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Land O' Lakes Family 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:

Theresa Mejillones

Name of Person

Small Business Aides, LLC

Firm/Company

7612 Four Pines Rd

Address

Plant City, Florida 33565

City/State and Zip Code

terri@newmilacctg.com

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

For further information concerning this matter, please call:

Theresa Mejillones

813 778-1070
at ()

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

SECRET
TALLAHASSEE, FLORIDA

2017 JUN 19 P 3:45

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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>
VP	KURT GIBSON	7206 AMERICUS LANE	<input type="checkbox"/> Add
		LAND O LAKES, FL 34637	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	JESSE BARBER	24010 STARLING CIRCLE	<input checked="" type="checkbox"/> Add
		LAND O LAKES, FL 34639	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

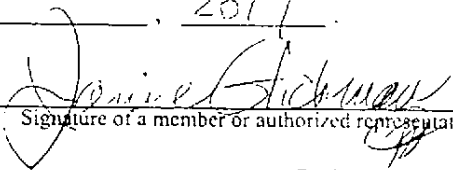
E. Effective date, if other than the date of filing: _____ (optional)

(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 6/13, 2017.


Signature of a member or authorized representative of a member

Janine Glickman
Typed or printed name of signee