## L17000133133

(Requestor's Name)
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M. MILLIGAN JUL 2 5 2017

## **COVER LETTER**

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D: Registration Se Division of Cor			
	Heather LLC		
JBJECT:		ited Liability Company	
e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ease return all correspo	ondence concerning this matter	to the following:	
	Heather Pack		
		Name of Person	
	Fitness By Heather LLC		
		Firm/Company	<del></del>
	21367 Burkhart Dr		
		Address	······
	Port Charlotte, Florida 339	952	
		City/State and Zip Code	
	Fitnessbyheather@gmail.co	I	
r further information c	E-mail address: ( concerning this matter, please c	to be used for future annual rep	ort notification)
eather Pack	- · · · · · · · · · · · · · · · · · · ·		070
<u></u> .		941 237-8 at () _	
Name c	f Person	Area Code	Daytime Telephone Number
closed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy   tadditional copy is enclose	□ \$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		Regis <mark>d</mark> ation Division of Clifton Buil	Corporations
		Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OIVISION OF STATE OF

Fitness By Heather LLC

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

	6/19/2017
he Articles of Organization for this Limited Liability Company were orida document number <u>L17000133133</u>	filed on 6/19/2017 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability of	company here:
ne new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	address on our records. enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer Piorida street adaress
	, Florida
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to rovisions of all statutes relative to the proper and complete perfoccept the obligations of my position as registered agent as proviceing filed to merely reflect a change in the registered office addrompany has been notified in writing of this change.	ormance of my duties, and I am familiar with and ded for in Chapter 605, F.S. Or, if this document is
If Changing	Registered Agent, Signature of New Registered Agent
Page 1 of 3	3

GR = M $MBR = A$	lanager .uthorized Member		
<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Action
wner	Heather Pack	21367 Burkhart dr Port charlotte fl	■ Add
			□ Remove
		-	Change
			Remove
			Change
			Add
			□ Remove
			□ Change
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If amending any other info	rmation, enter chang	e(s) here: (Attaci	hadditional sheets, if nee	cessary.)
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Effective date, if other than (If an effective date is listed, the date	the date of filing:	ot be prior to date of I	tling or more than 90 days after	ional) er filing.) Pursuant to 605.0207 (3)(b)
<b>Note:</b> If the date inserted in the document's effective date on the	iis block does not meet t	he applicable statu		
the record specifies a dela		but not an effe	 ective time, at 12:01	a.m. on the earlier of:
The 90th day after the	record is filed.			
Dated	20	17		
21	1,01	, ·		
_ Helin	Signature of a memb	er or authorized repre	esentative of a member	
	Ü	· · · · · · · · ·		r th
Heather Pack	Tyne	ed or printed name of	signee	<u> </u>
	٠, ٢, ٢	or penties number W		<u>-1</u> 등환경
		Page 3 of 3		PH 12:
	F	Filing Fee: \$25.	00	39 39